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MASSACHUSETTS
DEPARTMENT OF SOCIAL SERVICES

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Social Services

Commonwealth of Massachusetts
Michael S. Dukakis, Governor
Executive Office of Human Services
Philip W. Johnston, Secretary
Department of Social Services
Marie A. Matava, Commissioner

Marie A. Matava
Commissioner

The Commonwealth of Massachusetts

Executive Office of Human Services
Department of Social Services
150 Causeway Street
Boston, MA 02114
Tel: 617 727-[illegible]900

November 8, 1988

TO: Department of Social Services Staff

FROM: Marie A. Matava
Commissioner

RE: Massachusetts Department of Social Services Briefing Report

I am very pleased to present the Department of Social Services FY'1989 Briefing Report. The compilation of materials and information provided represents a summary of the Department, its goals and objectives, our progress and achievements, and, several outstanding issues that we have identified - issues that we have prioritized for attention over the next few years.

Our mission at the Department is to support and strengthen the Commonwealth's families, keeping families together whenever possible. We are also the agency mandated to ensure children's safety and right to sound health and development. This dual obligation - to protect children and to strengthen families, respecting their right to be free from unwarranted state intervention - presents an inherently difficult balance to strike. The effort to balance these two obligations governs all the Department's activities. These activities and initiatives are presented in the attached report.

I am very proud of our accomplishments and believe this report is a reflection of the commitment and tireless efforts of our staff. This report is intended to provide a comprehensive overview of the Department and should be a valuable reference for staff.

MAM:llm

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Boston Regional Director

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Westfield Area Director

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Waltham Area Director

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Taunton Area Director

FOSTER CARE SERVICES
Katie McDermott,
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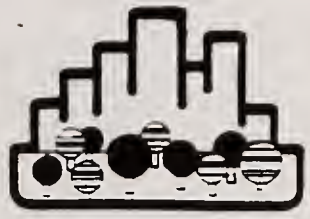
Overview



THE DEPARTMENT OF SOCIAL SERVICES: AN OVERVIEW

For most of us at the Department of Social Services, we share today a common historical perspective. In 1971, the newly established Secretariat of Human Services was beginning to address a number of projects in Children's Services. Services were, indeed, fragmented and overlapping yet serious gaps existed, particularly in child welfare services to children and families. By 1973, the newly-created "Office For Children" (OFC) undertook a planning and advocacy project which came to be called "The Children's Budget". A similar profile emerged from that project as OFC documented and advocated for change. The foster care system, for example, was a part of the "Care and Maintenance" account. Permanency planning had not yet appeared as either a concept, or as a system for placing children quickly and humanely in permanent homes. No clear protective delivery system could be identified for moving quickly and effectively to deal with children at risk of abuse/neglect. Critically important support services for intact and foster families such as Day Care remained in the AFDC account. Adolescent issues were identified as an "important issue", but a clear philosophy and system of services were non-existent. Health services to children in care were "hit or miss." Social workers joining the public work force were, in many cases lacking adequate training, support and supervision they needed to allow them to utilize their skills and expertise. The responsibility and accountability could not easily be pin-pointed or traced when serious case management tragedies occurred. For many who joined the ranks of the newly-created Department of Social Services, the central question became, "how can D.S.S. make a difference?"

Presented below are examples that demonstrate the dramatic, substantial changes and improvements that have occurred during the agency's brief eight (8) year history.

Policies, programs, and services have been designed and implemented by a diverse staff. The staff was recruited from the experienced ranks of the Department of Public Welfare, as well as other public human service agencies. A significant number of outstanding professionals were recruited from the private sector of the human service "family." The staff became more racially and culturally diverse than any other child welfare department in the country. This diversity was found at every level of management and service delivery.

The Department of Social Services was created in 1980. Today it represents the human service agency with the broadest legislative mandate. Beyond the narrow focus of the previous State's Child Welfare Agency, DSS has steadily increased in scope and breadth of services. Voluntary and community services are utilized to address diverse issues, i.e. sexual abuse, teen pregnancy, battered women, high-risk intact families, adolescents, homeless families, foster families, and linguistic minorities.

Isolated programs are becoming coordinated through service networking. Area-based service planning for clients has transformed casework services into a case management process. The process involves clients and DSS workers and establishes time-framed goals focusing upon service delivery. Permanency planning is aggressively addressed. The DSS Foster Care System has been radically revamped to increase services and financial resources to DSS foster families and creates an entirely different status of foster parents as peer professionals involved in a joint partnership with DSS. The DSS protective service system provides families with highly specialized protective intervention and follow-up while working closely with schools, police, courts, and other community institutions on a twenty-four (24) hour-a-day basis.

Improvements materialized through partnerships with increasing numbers of specialized and diverse community agencies. In Boston, for example, we are especially proud of the partnership we have with the private sector in delivering protective services. In concert with Boston Children's Services, MSPCC, Roxbury Children's Services, Catholic Charities, Judge Baker Guidance Clinic, Roxbury Multi-Service Center, Cape Verdean House, and St. Leo's Haitian Center, protective services are provided to the Boston and Brookline diverse neighborhoods. This represents a system which is able to be responsive to Boston's changing neighborhoods.

Over eight hundred (800) teen parents and troubled adolescents attending high schools and middle schools are receiving a variety of services in eleven (11) different schools throughout the city. In March, 1988, the Department funded Boston's first school based day care program for students at Jamaica Plain High School.

Serving over 12,000 clients in Boston, as well as 67,658 statewide as of June 1987, the Department of Social Services remains a responsive agency, constantly assessing appropriate ways to serve families and children.

In the following presentations, other DSS senior staff will share, in more detail key examples of how these major service systems address the DSS mission.

Access To Services

In acting on its mission to support and strengthen families, DSS offers several doors through which individuals and families can enter the system. The most commonly used mechanisms are:

A. Reports of Child Abuse/Neglect;

B. Children in Need of Services (CHINS) Court Referrals;

C. Voluntary Services.

DSS provides an after-hours and weekend 24-hour Child-at-Risk Hotline for reports of physical/sexual abuse and/or neglect. Social workers investigate emergency reports within 24 hours and non-emergency within 10 days. CHINS referrals (Children in Need of Services) are designed to provide services to adolescents with difficult behavioral problems, such as running away, and emotional issues. Another outreach service is provided by homeless workers who, upon notification by DPW, go directly to families residing in hotels/motels.

	FY'84	FY'85	FY'86	FY'87	FY'88
o Voluntary Applications	--	--	17,880	13,609*	14,212
o CHINS Referrals	2,702	3,059	3,001	2,985	3,028
o Children Reported Abused/Neglected	41,116	49,465	49,799	51,813	57,484
o Children Investigated	30,086	36,870	34,988	34,131	35,358
o Children with Substantiated Investigations	14,556	17,830	18,295	17,403	18,297

* Reflects transfer of services to Massachusetts Rehabilitation Commission and Department of Mental Retardation.

A. PROTECTIVE SERVICES

Since the inception of the Department, Regional and Area Offices have successfully worked with local communities to overcome barriers to the reporting of child abuse/neglect.

The Department's strategy to increase community awareness has been based upon:

° An ongoing, Area-based community education process which is specifically related to referrals from mandated reporters;

- The assignment of DSS Area Office liaisons to the Region's most frequent mandated reporters, including schools, police and hospitals.

In conjunction with working with mandated reporters, the Department also works closely with local District Attorneys. These relationships have been strengthened by:

- An on-going, joint education process which began with the passage of the District Attorney reporting bill, Chapter 288;

- The assignment of Regional and Area Office liaisons to District Attorney's Offices.

In Region I and statewide, 96 percent of all District Attorney reports are related to sexual abuse. A major service to these clients is the Sexual Abuse Intervention Network (SAIN) which operates in this Region and three others. Although each Area Office modifies its model to meet its particular needs, the other three are based on the Springfield Area Office SAIN Program which was the first such program in the state. The SAIN teams are community-based and consists of:

- Physician
- Psychologist
- DSS Social Worker
- Police
- D.A. Representative
- SAIN Coordinator

This program has been invaluable in bringing the community together to serve these families and, thus, reduce the trauma to the victim.

In addition to the District Attorneys, Regional and Area Offices have developed an ongoing dialogue with the Juvenile and District Court Judges and the Juvenile Probation Officers. These relationships have been significant in facilitating the care and protection process.

The Department strives to maintain a high degree of clarity in its investigative practices through:

- Biannual Regional Protective Forums for both DSS staff and contracted providers;

- Quality assurance monitoring of each Area's protective services by the Regional Office on a quarterly basis;

- Ongoing, Area-based training on the investigation process.

Continuous interaction with hospitals, schools, courts, police, and all human service providers have proven to be the key to an effective protective services system. Since its inception in 1980 the Department has continuously evolved as we learn more about the very complex issue of child abuse and neglect and how better to provide services to families and children. In December, 1988, the Department introduced a significant revision in its protective intake policy. The revised policy incorporates several changes. If, based on information gathered during the investigation, there is no reason to believe that a child has been harmed or is at risk, the report of abuse/neglect is then "unsupported". If there is reason to believe that a child has been harmed or is at risk, the report is then "supported". The language has been changed from "substantiate/unsubstantiate" to more accurately reflect the decision making process at the end of the investigation.

The Department has also introduced a review process for all investigators of child abuse and neglect resulting in a supported finding. The review is automatic and is conducted by a professional other than the social worker who conducted the initial investigation, and is completed following the 45 day family assessment.. If the reviewer finds that the allegation should be unsupported, the Department's records will be changed, the individual(s) will be notified, and your name will be removed from the Department's files in one year.

Profile on a 51A Case: Springfield Area Office

Yvonne is 12 years old. A friend of Yvonne's filed a 51A in July 1986, which alleged sexual abuse of Yvonne by her stepfather and his brother. Yvonne was interviewed at SAIN with her mother by arrangement of the DSS investigator. The police took a statement at the SAIN interview and arrested the perpetrator before the family returned home. The perpetrator was sent to Bridgewater State Hospital for evaluation. Yvonne's mother became ambivalent about Yvonne's disclosure, so DSS filed a care and protection for custody. At that point, Yvonne's mother began to take the circumstances more seriously. Yvonne, her mother and her stepfather are currently in family therapy. They are involved in Parents United. Although the stepfather faces possible incarceration in the near future, the outlook for Yvonne and her family is good as the family is progressing in therapy. While the stepfather is currently still out of the home, the victim has never had to leave home. The social worker will continue to work with the family in the hope that they will be able to reunite without further risk to Yvonne.

B. CHILDREN IN NEED OF SERVICES (CHINS) INTAKE

In western Massachusetts, 5.5% of the ongoing caseload is made up of adjudicated CHINS cases. This is an average of 350 CHINS cases in the region at any one time.

The referral source of these cases breaks down as follows:

* Parents 65%
* Police 20%
* School 12%
* Other 3%

It is important to note that although school referrals represent the lowest percentage of cases being referred, they have steadily increased over the past two years primarily due to the increase in cases related to truancy.

DSS social workers are often in the situation of having to make a placement decision when the CHINS petition is issued. The most challenging situations are presented by high risk adolescents. Those who are a serious danger to themselves or others, or having a history of chronic running away from home. Without the opportunity to complete a full assessment, the social worker is placed in a precarious position, especially if the placement is court-ordered. The services which are most effective with this high-risk, CHINS population tend to have the greatest usage and long waiting lists. Those services include tracking, transitional living, counseling, assessment center/diagnostic work, and residential treatment.

Area Directors in Region I have noted an increase in those cases which not enter the system through CHINS referrals, but also have entered through a 51A. Adolescents who have been abused often become the high risk CHINS cases described above.

In summary, although Region I is successfully providing the necessary services to the majority of CHINS cases, especially those who are able to remain at home, there is still a need to provide additional intensive resources in order to service those high risk cases.

Profile On A CHINS Case: Pittsfield Area Office

Desiree was adjudicated CHINS in September 1985. At that time, she was out of control both at home and in school, resulting in her parents filing a CHINS referral. After the initial assessment, Desiree was placed on the waiting list for the Key/Parkwood program. Prior to Desiree's entry into the program, there was a substantiated 51B for physical abuse by Desiree's stepfather. The facts uncovered during the investigation established a pattern of Desiree physically attacking her mother and her stepfather intervening to protect his wife.

C. VOLUNTARY APPLICATIONS

The Department receives the broadest range of requests for voluntary services. In Region I families and individuals are requesting services with greater frequency. Several factors are responsible:

* DSS has a wider name recognition, potential clients have a greater awareness of our services, and direct service intake staff are available in each Area Office;

* The perception of DSS as a "child-snatching" agency has been greatly reduced through community outreach and education;

* More single-parent families are seeking day care, parent aide, and other supportive services;

* DSS provides a core of services including information and referral to agencies providing food, housing, employment, legal, and medical services.

Profiles of Voluntary Application Cases: Westfield Area Office

° Ms. M. came into the Westfield Area Office with her 13 year old son, Steve, in March, 1986. Ms. M. is a single parent. She stated she could no longer tolerate her son's behavior; he had run away several times, skipped numerous days of school and was suspended, was argumentative, and did not obey household rules. She wanted to place him in foster care. The social worker explained that foster care could not be considered until a better understanding of the family problem was determined. The social worker's assessment uncovered a need for family mediation and outreach therapy. In addition, the social worker approached the school for a CORE evaluation. A Key tracker was offered if school attendance did not improve.

° Mr. T. who lives in the "hilltowns" alone raising four children wanted DSS to take custody of his children because he could not keep the house clean, run the farm, and be a satisfactory parent. DSS provided Mr. T. with a parent aide, coordinated CHORE services and homemakers.

° Mr. and Mrs. Q. sought residential care for their adolescent daughter. The local Department of Mental Health contracted agency determined that she did not have a "serious mental illness" by their standards, but could benefit from residential care provided by DSS. The DSS assessment was that the child's problems were progressive and she was placed in a DSS Specialized Foster Care program.

° Mr. and Mrs. P. were referred by the Juvenile Court Probation Officer to have their son imprisoned for violated curfew, school and family rules. The family was enrolled in a mediation program and referred to the local contracted agency for family therapy.

In addition to these examples, the Department of Social Services receives requests for housing assistance, legal services, day care, school advocacy, pregnancy and other counseling services. These services are provided depending on resources avaiable in each area.

On-Going Services

The backbone of the Department of Social Services is made up of the social workers in the Area Offices. The social workers' primary responsibilities are to assess the needs of clients, to plan for appropriate services to address individual problems, to monitor the implementation of the service plan, and to review and update the service plan.

The key elements of on-going casework are:

* type of access or referral;
* a complete, well-documented psycho-social assessment;
* a clear, well-defined, time-limited service plan;
* observable, measurable, non-judgemental documentation;
* on-going case review/foster care review; and
* involvement of parents, children, foster parents, social workers, supervisors, and other professionals in the formulation of the service plan.

ACCESS

Services are initiated in three ways:

* A family voluntarily requests services;
* The client adjudicates a child in need of services or gives custody to the Department through Care and Protection or Probate proceedings; or
* A child abuse or neglect report is substantiated.

ASSESSMENT

On-going services begin with an assessment, which includes a history of each family member, including medical, educational, and psychological background. The social worker discusses the issues and problems with the family and explains the possible services. The Department's assessment guideline is followed for each case and becomes the first section of the case record. The purpose of the assessment is to identify the needs of the family, some of the history which has contributed to these and possible methods for meeting these needs. Each assessment requires several visits to the family and many collateral contacts. As much data as possible is gathered at this time so that everything from name, birthdate, and social security number, pregnancy history, maturational milestones of children, to generational alcoholism problems is recorded. Each assessment must be completed within 45 work days.

SERVICE PLANNING

The key social work tool in each case is the service plan. Based on the data gathered in the assessment, the purpose of the service plan is:

* to clearly define in writing the problem/need;

* to clearly state what tasks the social worker will perform to alleviate the problem and what services will be provided to meet the needs of the family; and

* to clearly state what tasks the parent(s) will perform to alleviate the problem.

The service plan maps out what will happen in the case over the next six months. For example, the social worker will visit the client every other week for 2 hours to discuss progress of the service plan; the worker will arrange for day care at Humpty Dumpty School 3 days per week; mother will provide transportation to day care 3 days per week).

A wide range of services are offered by the Department, so the skill of the social worker becomes paramount in pulling together the right package of services to meet the needs of the family. In this capacity, the social worker functions both as a case manager and as the primary clinician responsible for stabilizing the situation until resources are available and for motivating the family to participate in the services.

Among the services available are:

> Supportive day care, in-home family specialists, homemaker, chore, camping, family counseling, family mediation, adolescent outreach, adolescent tracking, outward bound and parent effectiveness training, parent support groups, emergency shelter, foster care, specialized foster care, residential treatment, independent living.

In placement cases, a whole range of other activities are required of the social worker. Some of these include:

> Writing court reports, arranging medical appointments for children and completing Medical Passports, structuring of parent/child visits, providing transportation for visits, arranging therapy appointments, developing a written agreement with foster parents regarding their responsibilities, developing a schedule of visits to foster homes, and being available to assist foster parents if a crisis occurs.

CASE REVIEW/FOSTER CARE REVIEW

Although the service plan may be changed, if necessary, at any time it must be reviewed every six months and rewritten every year.

In placement cases, the review is conducted by an objective panel consisting of a foster case reviewer, an Area adminstrator and a community volunteer. Every six months the panel meets with the family, social worker, foster parent, or residential staff and collaterals to determine progress made by the family and the Department in meeting the goals of the service plan, whether or not placement is still needed, and what type of permanent plan is sought.

Examples of On-going Cases

* Peter, a thirteen year old, was adjudicated CHINS because of extensive absenteeism and abusive behavior towards his parents. The family dynamics had become increasingly volatile: Peter's assaultive behavior had placed him at risk of physical abuse from his father. Peter was placed in a foster home for three months as an emergency service.

  On-going services were provided as a result of voluntary application from Peter's parents. The goal was to strengthen the family unit through family participation in a mediation program, monitoring of Peter's school attendance, and unsupervised weekly visits with his parents.

  A month later, the service plan was updated to include weekend visits for Peter with his parents and commitments from Peter to improve his attendance and to not swear at or strike his father.

* Ann, a three-month-old, has been neglected by her parents, Jean and Carlos. It was substantiated that Ann was periodically left alone for up to two hours at a time. She is below her normal weight percentile and has not been seen by a pediatrician since birth even when she had a high fever and an infection.

  The goal of the service plan developed for Ann and her parents was to strengthen the family unit. The service plan focused on improving Ann's medical care, obtaining part-time day care or babysitters, involving Jean in counseling services, and enrolling Carlos in treatment for his alcohol problem.

Shortly after the service plan was written, the family situation became explosive with incidents of Carlos hitting Jean as well as repeated non-compliance with the service plan. Therefore, the service plan was updated: Carlos was to remain out of the house for one month and participate in marital counseling with Jean. In addition, a parent aide was obtained to help Jean care for Ann.

One month later, Carlos returned home, so the service plan was updated to include his attendance at Alcoholic Anonymous meetings and continued with marital counseling.

SERVICE PLAN

This plan is an agreement between the Jones family and the Department of Social Services (DSS) for the period of January 8, 1987 to July 8, 1987.

1. SERVICE PLAN TYPE (check box which applies and complete required sections)

[X] **EMERGENCY** Explain why emergency services were necessary (including emergency placement):

Peter Jones was adjudicated CHINS on 11/15/87 and placed in the temporary custody of DSS. After initially remaining at home, the situation became volatile-Peter became very provocative and assaultive towards his father who was concerned that he would physically abuse Peter. On 11/29 Peter was temporarily placed in a foster home for 3 months.

[ ] **SINGLE SERVICE** 1. Type of Services to be provided:
[ ] Babysitting [ ] Day Care [ ] Chore [ ] Homemaker [ ] Other _____

2. How Service is to be Provided (describe who will provide service, for what period of time, how many units are authorized, schedule of service, etc.)

3. Purpose of Service:

[X] **ON-GOING SERVICES** 1. Services are being provided as a result of:
[X] application for services [ ] court order to provide services
[ ] substantiated child abuse or neglect report [ ] other

2. The goal of this service plan is (check box(es) which apply, if child(ren) are in placement add projected date by which goal may be accomplished):

[X] STRENGTHEN THE FAMILY UNIT

ALTERNATIVE PERMANENT HOME
[ ] Adoption Projected date _____
[ ] Guardianship Projected date _____
[ ] Supportive Living Projected date _____

[ ] LIVING INDEPENDENTLY Projected date _____

If child(ren) are in placement, what is projected return home date
child Peter date 2/28/87
child _____ date _____

3. State the problem and the changes needed to achieve the goal of this service plan:

Thirteen-year-old Peter was adjudicated CHINS because he had missed 20 days of school this year and parents claimed he was unmanageable at home (did not meet curfew, was verbally abusive towards father- knocked him over once and stuck him on 4 occasions).

Changes Needed: Parents and Peter must live together in the same household with agreed upon rules and expectations in which arguments do not escalate to physical pushing or hitting for 6 months. Peter must attend school for a minimum of 110 days for 6 months.

4. **In order to resolve these problems, what tasks will the social worker, each client and other parties to this plan do and by what date** (list services to be provided to each client by DSS, specific tasks and completion dates for the social worker and each client, including the visitation schedule for children in placement):

Mr.& Mrs. Jones will:

- o Participate in the mediation program at least once a week for 6 weeks
- o Meet with social worker every other week to discuss Peter's progress in foster care and his planned return home for 3 months
- o Participate in all school meetings regarding Peter's school progre
- o Arrange and transport Peter to any routine medical and dental appointments required during 3 month placement
- o Visit Peter once a week for 3 months (unsupervised)

Peter will:

- oParticipate in the mediation program with his parents at least once a week for 6 weeks
- o Attend school at least 4 times a week
- o Not hit his father for a month
- o Meet with social worke at least once a month for 3 months

Foster Parent will:

- o Arrange for and transp rt Peter to any emergency medical care required during placem nt - for 3 months
- o Meet with social worke once every other week for 3 months
- o Contact social worker needed if Peter fails to follow rules and becomes prov ative

Social Worker will:

- o Maintain weekly telephc contact with the mediation program to determine family's p gress in resolving their differences
- o Attend school conferenc to review Peter's overall progress for 3 months
- o Meet with Peter at least nce a month for 3 months
- o Meet with parents once e ry other week for 3 months
- o Meet with foster parent nce every other week for 3 months

II. **COMMENTS** (social worker and client comments may be recorded here)

III. CHANGES/UPDATES

Record, date and initial any changes to the service plan between case reviews which do not require a new service plan (e.g., change in visitation plan, service provider or frequency of social worker contact):

2/3/87 o Parents will begin having Peter home each weekend from saturday morning until sunday afternoon for 2 weeks

aq

If those visits go well (no physical arguments) the next two weekend visits will last from friday evening until sunday evening

PJ

o Parents will return Peter to the foster home by 3p.m. on the first two sunday afternoons and by 8 p.m. on the next two sunday evenings

RS

o Peter will have no unexcused absences from school for the next month

o Peter will not swear at his parents or hit his father for the next month

Arthur Jones 1/8/87
Client Date

Marion Jones 1/8/87
Client Date

Peter Jones 1/8/87
Client Date

Robert Smith 1/8/87
Social Worker Date

Elaine Miller 1/12/87
Supervisor Date

SERVICE PLAN SUPPLEMENT FOR PLACEMENT

Complete at the time of initial placement. If more than one child is being placed, be specific for each child. If children are not placed together, a separate supplement must be completed for each child.

Date of Placement 11/29/86
Date of Six Week Placement Review 1/16/87

1. Name(s) of child(ren) being placed: Peter Jones

2. What is the reason(s) for each child's placement?

   Peter was adjudicated CHINS and placed in the temporary custody of DSS because he was truant from school, verbally abusive towards parents, physically assaultive of father & unable to follow limits.

3. If the child has been in placement before, indicate date(s) and type(s) of placement or attach a copy of the placement history (for each child).

   N/A

4. Describe the efforts made by DSS and the family to prevent placement.

   Family was working with DSS on voluntary basis, social worker referred to mediation but home situation became volatile and Peter was at risk of physical abuse.

5. Type of placement: [ ] placement with relative [ ] other placement resource selected by parent
   [X] foster family resource [ ] group care facility [ ] hospital [ ] other _____

   A. If the placement is not with a relative or other resource selected by parents, explain why.

   Parents were reluctant to ask relatives to take Peter because of his behavior and Peter refused to go with relatives.

   B. If the placement is not in a family or foster family setting, explain why.

   N/A

6. Is the location of the placement close enough to permit a regular plan of visitation between each child and family? If not, explain why.

   Yes

7. Discuss the needs of each child which must be met in this placement setting. Include health and dental needs, emotional/health needs and educational needs.

   Peter needs to continue to work on his relationship with his parents in order to return home in 3 months. Peter needs to improve his attendance in school.

AJ/MJ PJ 1/8/87
Client Initials Date

RS 1/8/87
Social Worker Initials Date

SERVICE PLAN

This plan is an agreement between the RODRIQUEZ family and the Department of Social Services (DSS) for the period of December 10, 1986 to June 10, 1987.

1. SERVICE PLAN TYPE (check box which applies and complete required sections)

☐ EMERGENCY Explain why emergency services were necessary (including emergency placement):

☐ SINGLE SERVICE 1. Type of Services to be provided:
[] Babysitting [] Day Care [] Chore [] Homemaker [] Other _____

2. How Service is to be Provided (describe who will provide service, for what period of time, how many units are authorized, schedule of service, etc.)

3. Purpose of Service:

☒ ON-GOING SERVICES 1. Services are being provided as a result of:
[] application for services [] court order to provide services
☒ substantiated child abuse or neglect report [] other

2. The goal of this service plan is (check box(es) which apply, if child(ren) are in placement add projected date by which goal may be accomplished):

☒ STRENGTHEN THE FAMILY UNIT

ALTERNATIVE PERMANENT HOME
[] Adoption
Projected date _____
[] Guardianship
Projected date _____
[] Supportive Living
Projected date _____

[] LIVING INDEPENDENTLY
Projected date _____

If child(ren) are in placement, what is projected return home date
child _____ date _____
child _____ date _____

3. State the problem and the changes needed to achieve the goal of this service plan:

Three month old Ann has been neglected (including medically neglected) by her parents. It was substantiated that Ann had been left alone by her mother for brief periods of time (1-2 hours), that she was substantially below her normal weight percentile for her age and she had not been brought to the pediatrician since birth (even when suffering from high fever). A medical evaluation found that she had an infection caused by a severe and chronic diaper rash.

Changes needed: Parents will provide supervision for Ann at all times, ensure tnat Ann is seen by a pediatrician for recommended routine medical care, follows the recommendations of the pediatrician for follow-up care and ensure that Ann achieves and maintains the normal growth for a child her age for 8 months

4. **In order to resolve these problems, what tasks will the social worker, each client and other parties to this plan do and by what date** (list services to be provided to each client by DSS, specific tasks and completion dates for the social worker and each client, including the visitation schedule for children in placement):

Parents will:

- Take Ann to pediatrician once per month for routine appointments for 3 months
- Take Ann to the pediatrician as needed for high fevers (over 102°) for 6 months
- Will prepare a list of potential babysitters old enough to care for Ann to review and finalize with social worker by December 18th
- Meet with social worker once a week for 2 months
- Meet once with a representative of the parent aide program for one hour to consider participation in the program by 12/31/8 6
- Mother will participate in the Community Mental Health Center Early Intervention Program with Ann once a week for 1 month
- Father will go to clinic for an evaluation for treatment of his problem with alcohol for one session by January 15th

Social Worker will:

- Meet with parents and see Ann once a week for 2 months
- Maintain monthly contact with pediatrician to monitor Ann's medical care
- Make a referral for part-time protective day care by January 15th
- Review list of babysitters provided by mother and recommend appropriate choices by December 28th

II. **COMMENTS** (social worker and client comments may be recorded here)

III. CHANGES/UPDATES

Record, date and initial any changes to the service plan between case reviews which do not require a new service plan (e.g., change in visitation plan, service provider or frequency of social worker contact):

[Explanatory - not part of Service Plan:

Family situation became explosive, incidents of father hitting mother, mother failed to bring child to early intervention - C&P filed]

2/5/87

- Father will remain out of home for one month
- Parents will go to marital counseling at clinic once a week for 4 months
- Mother will accept a parent aide into the home two days a week (one day while Ann is in day care) for 4 months (instead of Early Intervention)
- Mother will take Ann to pediatrician once a month for routine appointments for 4 months

(Mother will take Ann for first routine appointment by February 15th)

CR JR RS

3/7/87

- Father will return home and continue the agreements to attend marital counseling once a week until 6/5/87

- Father will attend 4 Alcohol Anonymous meetings by April 30th
- Parents will take Ann to pediatrician on March 10 and at that time schedule an appointment for May and June

CR JR RS

SIGNATURES

Carlos Rodriguez 12/10/86
Client Date

Jean Rodriguez 12/10/86
Client Date

Client Date

Robert Smith 12/10/86
Social Worker Date

Elaine Miller 12/12/86
Supervisor Date

SERVICE PLAN SUPPLEMENT FOR PLACEMENT

Complete at the time of initial placement. If more than one child is being placed, be specific for each child. If children are not placed together, a separate supplement must be completed for each child.

Date of Placement _____
Date of Six Week Placement Review _____

1. Name(s) of child(ren) being placed:

2. What is the reason(s) for each child's placement?

3. If the child has been in placement before, indicate date(s) and type(s) of placement or attach a copy of the placement history (for each child).

4. Describe the efforts made by DSS and the family to prevent placement.

5. Type of placement: [ ] placement with relative [ ] other placement resource selected by parent
[ ] foster family resource [ ] group care facility [ ] hospital [ ] other _____

A. If the placement is not with a relative or other resource selected by parents, explain why.

B. If the placement is not in a family or foster family setting, explain why.

6. Is the location of the placement close enough to permit a regular plan of visitation between each child and family? If not, explain why.

7. Discuss the needs of each child which must be met in this placement setting. Include health and dental needs, emotional/health needs and educational needs.

Client Initials _____ Date _____ Social Worker Initials _____ Date _____

Adolescent Services

During the month of June, 1988, the Department of Social Services provided services to approximately 67,658 individuals. Forty-three percent (43%) of these folks were adults or parents. Fifty-seven percent (57%) were children under 18 years of age. According to the June, 1988, statistics, approximately 36% of the children receiving DSS services were adolescents, which is the highest concentration for any age group. There were 13,828 young people, between the ages of 12 and 18, receiving services of one kind or another from the agency. Of that 13,828 young people, 28% were in placement and 72% were served at home.

While DSS is considered by some to be primarily a protective service agency, it is clearly as much an adolescent services agency, and not just an adolescent placement service agency, but a service agency for families with adolescents. The majority of DSS client families are families with adolescent children, 72% of whom are served while at home with their families. It is important to highlight that fact as it is often the 28% of teens in placement who seem most in demand of the agency's services.

What kinds of services does DSS provide to families with adolescents? What kinds of services do they request or need?

If we take a look at the Taunton Area Office as a microcosm of the state-wide picture, most families with adolescents voluntarily request services from the DSS Area Office, having been referred by a teacher or guidance counselor at school, or a therapist from a local mental health clinic, or a juvenile court probation officer. Most clients request DSS services at a time of extreme family crisis - at a point where the parent/adolescent conflict has become intolerable for one or all of the parties.

Common characteristics of these families include:

- Rigid approach to discipline based on power, control, and hierarchical authority;
- One parent (female) or recent stepfather; and .
- Drug and alcohol abuse (both parents and teens).

Other characteristics include:

- Sexual abuse;
- Significant mental and/or physical disability; and
- Teenage pregnancy.

When one or more members of the family, parent or teenager, is consistently and highly resistant to working on improving family functioning, or when there is a significant and chronic physical or emotional disability, placement services may be provided. In the Taunton Area Office, today, there are 82 adolescents (age 12-18) in placement: ten are with relatives; thirty-nine are in foster homes; twenty-three are in community residences or group homes; two are in emergency shelters; and eight are in supervised independent living.

While one of the developmental tasks of adolescence is to begin to separate and individuate from "family," in Taunton it is important to note that over 60% of the adolescents in placement are in alternate family settings, either with relatives, foster or adoptive families and another 10% are in supervised independent living. Generally, such youngsters benefit from more effective "parenting," something their parent(s) were either unable or unwilling to learn to provide while they were living at home. For some parents, while their teenager is in foster care, they regain their parental confidence and skill with the aid and support of the DSS foster parent and the social worker. In Taunton, through the P.A.C.T. Program, special services are provided to adolescents in foster care. Teenagers placed in these foster homes benefit from the close partnership developed among the DSS social worker, the DSS foster parent, and the natural parent. More programs of this type are needed.

Adolescent placement services provided by DSS are primarily short-term placements which support the teenager's return home or are prepared to live independently as young adults. Twenty-one of the 49 Taunton Area teenagers who are in alternate family settings have been there for less than a year, and most will return home within twelve months of placement. Of the 15 teenagers who have been in alternate family placements for more than two years, and five are with relatives and ten are in foster homes.

The next most frequently identified goal for adolescents in placement is Independent Living, which is also a service plan goal for the majority of adolescents living at home. Recent studies have found that the two key indicators of teenagers achieving successful independence as young adults are: completing high school and having satisfactory part-time employment in the private sector during their high school years. The Department's (PAYA) initiative focuses on those support services which prepare adolescents for young adulthood:

- attaining a high school diploma or GED;
- successful part-time employment;

- increased competency in independently utilizing community resources including housing, medical, employment, transportation, day care;

- identifying personal support systems, i.e., family, friends, neighbors, networks; and

- developing and sticking to a budget, finding an apartment, getting utilities turned on, planning a menu for a week, shopping for groceries, doing laundry, cooking, in brief, all those daily skills needed to live independently.

DSS contracts with a number of private agencies statewide to provide these Independent Living support services for adolescents. The waiting lists are long, however, so most of the teaching, guiding, and supporting of teens in these areas is provided to them by their parents, their foster parents, and their DSS social workers.

The DSS/EOCD initiatives which have resulted in "689" and"707" subsidized and staff supported apartments for older adolescents are initiatives which need to be duplicated in each and every area throughout the state.

Of the 28 Taunton Area youngsters currently in community residential placements, 23 or 82% are adolescents. They include:

- 8 - MR/Multiply Handicapped youngsters who are SSI eligible and who will most likely require placement services until age 22 when Chapter 688 services will be provided. There is one disrupted adoption in this group. All of these placements are cost-shared with DSS as the SSI representative payee. The MR/Multiply Handicapped population comprises 35% of group care placements in the Taunton Area. Five of the eight youths are voluntary placements with no court involvement.

- 11 - Seriously Emotionally Disturbed teens, many of whom have a chronic history of sexual and emotional abuse. There are six disrupted adoptions in this group. Forty-eight percent (48%) of the Taunton group care population are diagnosed as seriously emotionally disturbed and without a significant family tie. Most of these placements are cost-shared with the LEA, one with DMH and the LEA. Many of these youngsters had a psychiatric hospitalization prior to this group care placement. Half of these placements are voluntary and the others involve DSS custody through the care and protection process.

- 4 - Acting-UP and Acting-Out Teens whose recent "at-risk" behavior in the community has compelled the local Juvenile Court judge, the local school and/or the DSS social worker to utilize group care for short-term treatment. This group represents 17% of the group care population in Taunton. Few of these placements are cost-shared. One of these placements are CHINS involved; three are voluntary placements.

Finally, let us focus on that very small number of adolescents, about four to six in the Taunton Area Office at any given time, who challenge all systems -family, school, the Juvenile Court, several EOHS agencies, particularly, DSS, DMH, DPH, and DYS- to the absolute limit. They appear chronically out-of-control, sometimes self-abusive, running through a string of emergency shelters and foster homes, not staying in one place long enough for anyone to get a good handle on what is going on for them and how to best help. Most of these adolescents become involved with the juvenile court through the CHINS process.

These are the youngsters who, three years ago, compelled DSS to establish six Adolescent Assessment Centers which collectively provide 90 day, staff-secure stabilization and assessment services for 35 youngsters at any given time. There are 12 slots for females, 7 for males, and 16 co-ed slots. If a DSS social worker identified a youngster today, who appropriately needed this DSS service, the social worker would discover that there is a constant waiting list; there would most likely be a 60-90 day wait to get into the program. The needs of the adolescents have provided the impetus of the Adolescent Network.

The Department of Social Services continues to respond to the growing number of severly troubled adolescents. The need for such a concept has been driven by the Department's experience with the newly created staff secure Diagnostic and Assessment Programs.

Based upon an evaluation of the Adolescent Assessment Program, it is clear that their greatest shortcoming is that adolescents who complete their 90-day stay have no appropriate place to go. In order to enhance the range of services available to this population, the Department will be creating a number of Adolescent Networks, located in one or more regions of the Commonwealth.

Each Network is a system of linked treatment programs, each embodying a distinct focus and level of intensity. Each program will be unique in its service, but each will be focused on the same goal: independence. As each child proceeds through a Network, he or she will be moving from one level of service to the next.

Foster Care Services

The Department of Social Services strives to balance between protecting children and strengthening and encouraging family life. Therefore, social workers return children to their families whenever and as soon as possible. Currently, the median length of time spent in foster care* is 14.8 months. Sixty-three percent of all consumers** who left foster care in FY1988 returned home. Recent initiatives to improve and enhance the foster care services include:

- Statewide recruitment campaign to increase the number of foster parents, as well as improve the diversity and quality of foster homes. In the fall of 1988, the Department began a major new recruitment pilot project entitled, "One School, One Child". Through individual schools statewide, the Department will focus on interesting parents, teachers, and other school personnel in becoming foster parents.

- Parents and Children Together (P.A.C.T.) is a specialized foster care program which supports foster parents in their delivery of planned, specialized services to children in foster care.

- Massachusetts Approach to Partnerships in Parenting (MAPP) training program to provide mandatory pre-service training for prospective foster and adoptive parents. In FY'88, the Family Resource Training Institute offered 89 pre-service training groups.

- Family Resource Training Institute to provide in-service training courses to foster parents. In FY'87, the Institute provided 68 courses in addition to the 45 courses offered to foster parents by the Social Work Institute. In FY'88 the Institute provided 164 courses in addition to the 63 courses offered by the Social Work Institute and over 2,500 foster parents participated.

- Medical Passport to ensure continuity of medical care and prevent duplication of services by enhancing communication among physicians, foster parents, and social workers.

* Consumers placed with relatives and unrelated foster homes.

** Approximately 6% of consumers in foster care are over 18 years old. They are young adults with special needs who continue to need the supervision of a foster home. Approximately 94% of consumers in foster care are children under 18 years old.

From 1980 to 1986, there was a reduction of consumers placed in out of home care. However, at the end of FY'87, there were signs of a reversal. The increase of out of home placements is reflected nationally, and DSS anticipates the increase to continue into FY'88. Number of consumers in paid placements (June data each year):

	FY'84	FY'85	FY'86	FY'87	FY'88	Proj. FY'89
Consumers in Foster Care	6528	6276	6014	6271	6548	6800
Community Residential	1668	1463	1493	1474	1300	1200
TOTAL:	8196	7739	7507	7745	7848	8000

Basic foster care rates have increased in order to provide a standard quality of life for children placed in foster homes. The most recent increase began on August 1, 1987, and was structured to standardize payments to reduce the need for individual extra care payments. For the first time the Department was able to reimburse foster parents at the standards set by the United States Department of Agriculture (USDA) for child rearing.

	FY'84	FY'85	FY'86	FY'87	FY'88	FY'89
Children (less than 13 years)	$7.33	$7.62	$8.34	$12.04	$12.94	$13.65
Children (13 years and older)	$10.09	$10.49	$11.49	$14.44	$15.95	$16.20

The Lawrence Area Office was chosen to describe improvements in the foster care program because it represents both urban and suburban communities, as well as large immigrant communities, specifically Hispanic. The Lawrence Area Office was selected as a site for the pilot PACT project because of its consistently high quality services.

IMPROVEMENTS IN THE FOSTER CARE SYSTEM

In 1980, the Greater Lawrence Office had 240 children in foster care. Payments were geared for reimbursement of "room and board" and ranged from $4.10 to $7.99 per day if you had an adolescent. One homefinder was responsible for maintaining a system that included recruitment, home study approval, and coordination of placements.

Overworked and underpaid foster parents received minimal supervision training, and support. Children were placed in severely overcrowded foster homes. One home had 19 children. Children often lingered unnecessarily in placement due to lack of focus and planning.

Today there are only 192 children in foster care in the Lawrence Area. There are 123 foster homes. There is a significant decrease in the "length of stay" of children in foster care. In 1987, we were one of the thirteen (13) Area Offices first to be licensed by Office for Children.

We have greatly improved the quality of care to our children in foster homes. Concepts such as professional parenting, member of a treatment team, and goal-oriented placements are no longer new ideas at the Lawrence Area Office but, rather, are part of the fabric of our every day business.

In Lawrence, in 1987, the self-image and self esteem of foster parents improved tremendously. Foster parent input regarding the behavior and effect of the children and their biological families is valued. They attend Case Review Conferences and are articulate and strong advocates for children in their care.

In addition, social work staff have developed an expertise in "the art of placement", which actively involves the foster parent and is sensitive to the trauma of separation and loss experienced by the child.

In working toward the goal of professionalizing the foster care system, certain initiatives were undertaken, some specific to the Lawrence Area Office, others in conjunction with Regional and Statewide initiatives.

The first step taken in Lawrence in 1980 was to establish a system, whereby each foster family had an assigned social worker from the Homefinding Unit to provide consistent guidance and support. As a result of this close supervision, problems were more quickly identified, foster parent deficits were addressed with consistency, and existing or potential skills/talents of foster parents were developed.

Simultaneous to this step was a massive Area-based recruitment campaign which included a bi-weekly column in the Lawrence Evening Tribune, profiling a child needing placement, similar to "Sunday's Child" in the Boston Globe.

The assignment system and intensive recruitment program, along with administrative commitment to quality foster care, have been the underpinnings of the foster care program in the Lawrence Area Office for the past eight years. They have, in fact, been a major contributing factor to what we have accomplished to date in professionalizing our foster care system and have laid the groundwork for future growth. In addition, the foster parent support group and the appointment of a foster parent liaison have added strength to our foster care system. The support group meets montly and strong, positive leaders are emerging among them. The foster parent liaison is a newly developed role in each area office statewide. The purpose of appointing a liaison is to enhance communication between adminstrative staff, specifically area directors, and foster parents.

Two programs in the Lawrence Office in particular demonstrate the effectiveness of involving foster parents in a professional capacity:

FIRST: Since the recent Central Office-directed inception of the Massachusetts Approach to Partnerships in Parenting (MAPP) Training, all MAPP sessions in Lawrence have been co-led by a social worker from the homefinding unit, and a foster parent. To date, we have two foster parents who have completed the training program to co-lead MAPP. Two other foster parents (one of whom is bi-lingual) are expected to be trained soon. The Lawrence office now has the capacity for bi-lingual MAPP training co-led by a bi-lingual homefinding staff person and bi-lingual foster parent.

SECOND: The Lawrence Area Office was one of six area offices statewide, piloting the Parents and Children Together (PACT) Program. PACT is designed to support foster parents who are delivering specialized services to the neediest children in foster care. During FY'86 and '87, over 40 children received specialized services from 25 foster families in the Lawrence area. In FY'88, 35 children have received services through the P.A.C.T. Program, 25 of whom are current. These services include:

- severe medical needs
- parent aid
- initiating behavior modification programs
- transition to adoption
- communication through sign
- transition to independent living for adolescents

A growing service need to which foster parents are responding is the need to care for high risk infants. To meet this need, the Lawrence Area Office has taken a number of steps. The area nurse has developed and conducted foster parents and staff trainings on the issue of HIV positive and high risk placements. Focus of training was on general education regarding AIDS, precautionary measures for care givers, and DSS Guidelines including issues of confidentiality and policies of Central Office Review Board.

Foster parents in P.A.C.T. are expected to keep progress notes specific to the particular service, and to meet monthly with the ongoing social worker for the child and the foster parent's assigned homefinder to review these progress notes. Such meetings not only allow for close monitoring of case progress and facilitate communication, they also visibly reinforce the concept of the foster parent being a member of the Treatment Team. The appointment of a foster parent to be the P.A.C.T. Coordinator has contributed greatly to the smooth functioning of the program. P.A.C.T. Coordinator responsibilities include: chairing the initial meeting to negotiate P.A.C.T. services, attendance at monthly progress review meetings, and being the liaison with the Homefinding Supervisor and Area Program Manager. Creating the function of P.A.C.T. Coordinator puts into action the concept of foster parent as a professional member of the treatment team.

The Lawrence Office is at a critical point. We have progessed from the over-simplified perspective of foster care as a housing issue to that of substitute parenting, with the goal of returning children home. In Lawrence, we are now moving toward the concept of foster care as a professional, multi-faceted treatment modaility in which the foster care provider possesses a certain expertise to accommodate the specific needs of a child in his/her care.

Permanency Planning

ESTABLISHING HOMES FOR CHILDREN THROUGH ADOPTION AND GUARDIANSHIP

The Department of Social Services is guided by the principle that every child has a right to a permanent home. When a child cannot be reunited with its family, the agency gears its casework towards a permanent adoptive family. Older children, for whom return home or adoption is not feasible, are encouraged to be placed in guardianships.

The Department of Social Services provides a program for adoption subsidy to facilitate the adoption of children with special needs. Adoption subsidy eligibility is based on the child's special needs, (e.g. physical disability, age, emotional disturbance) the subsidy consists of financial assistance and/or Medicaid after the legal consummation of the adoption and is provided without regard to the income of the family. Guardianship may also include subsidy and Medicaid for the child.

In order to move adoption cases rapidly to completion, the Adoption Placement Team (APT) was created in 1984. APT consists of 15 full time attorneys with substantial experience in trying adoption cases. The APT attorneys are responsible for all legal work connected with guardianships and adoptions.

	FY'85	FY'86	FY'87	FY'88
o Children Adopted	400	400	441	518
o Children Placed in Guardianship	54	86	177	210

Although the Department of Social Services is committed to strengthening families, some children are not able or do not wish to return to their families. Therefore, DSS works with these children to place them in adoptive homes or guardianships in order to provide them with a permanent, legal relationship.

Both the characteristics of the children who are adopted and the type of services required by adoptive parents have changed over the past twenty years. Previously, the population of children in need of adoptive homes tended to be healthy infants, voluntarily being released for adoption by unwed mothers. Today, many children in need of permanent homes are "special needs children". They are often children who are part of sibling groups, older school-age children, or children with physical, intellectual and/or emotional handicaps.

Generally speaking, as different from years past, children are in care, because of a parent's drug addiction, mental illness, or abandonment of their children. Many children have suffered years of physical, sexual and emotional abuse, as well as numerous foster home placements, and unsuccessful attempts at family reunification, prior to being released for adoption. Often court action is necessary to obtain their release. In addition, the emphasis of agencies on permanency planning may result in surrenders being taken on handicapped children or adolescents. Making "special needs children" available for adoption is seen as an alternative to long term substitute care in the hope that extensive recruitment will identify appropriate adoptive resources.

Families adopting children today are requiring, and seeking post legalization services. Many of these parents and their adoptive children are in need of long term counseling, support groups, residential and in-patient care periodically, sometimes over many years. Adoption is now seen as a life-long process, requiring intervention by agencies particularly at significant developmental stages.

For the most part, public and private agencies work cooperatively, as all have the same goal--finding appropriate families for children in need of permanency. Conferences, training programs and adoption resource and information exchange meetings are attended by workers from all agencies so communication remains open.

Foster Home Adoptions

Nationally and statewide, foster home adoptions still account for a large number of legalizations of children in need of a permanent home. Foster parents are sometimes more experienced and have different expectations of children they ultimateely seek to adopt than families who solely seek to adopt a child. Foster parents may form attachments to a child in their care. When the child becomes available for adoption, the foster parents may see it as the natural step in the relationship with their foster child.

Foster parents tend to adopt children who were less than four years old when they were initially placed with them. The ability for foster parents and child to form attachments and bond is more likely. In addition, these children have not had the multiple placement in foster homes nor have suffered as much abuse as older children who enter foster care. Adolescents are much less likely to be adopted by foster parents.

Adoption Disruptions

Adoptive disruptions are painful--to the child, to the adoptive parents, and to the social workers. The feelings of failure, anger and guilt are pervasive.

Disruptions are handled on a case by case basis. Some families can assist in transitioning a child to another situation, and are receptive to counseling and to terminating with the child they have tried to integrate into the family. Other families are too angry and disappointed and "reaching out" can antagonize them more.

Some agencies, particularly the Massachusetts Adoption Resource Center hold "disruption meetings." The purpose of the project is to offer support, and to help the professionals involved with the child, recognize "what went wrong" and to again formulate a permanent plan for the child.

More services to families experiencing disruption are needed to help the families and the children to emotionally handle this devastating experience.

Profile of a Child Waiting to be Adopted

B.J. has been referred for adoptive placement. Almost nine years of age his two younger sibling's remain at home with his single mother. B.J. was voluntarily released for adoption at seven years of age after several foster home placements, and several reunifications with his family of orgin were attempted. His birth mother is intellectually limited, and finally decided that B.J. was "more than she could handle". B.J. is diagnosed hyperactive and borderline retarded. His speech is significantly delayed in spite of several years of therapy. He can be aggressive at times, and is immature in his social and peer reactions.

In one year's time an adoptive resource has not yet been found in spite of newspaper and television recruitment efforts. Out of state photo listing is underway and registration with the National Adoption Resource Exchange may be warranted. B.J.'s foster mother of three years does not wish to make a permanent commitment as his prognosis for ever living independently remains guarded. She is most cooperative with the agency's efforts to locate a suitable home.

Profile of Children Adopted in FY'88

* A group of siblings - six, seven, and eight years old were referred for adoption after 13 substitute care placements. Much initiative on the part of staff resulted in the three being adopted by a maternal aunt and uncle in California in December, 1987.

* Eddie, a mixed racial child with multiple medical problems came into placement at four months old. At 23 months, he was placed with a mixed racial couple and adopted by the same couple in February, 1988.

* Michal and Jeanette, Hispanic siblings, were placed in the foster home of a single mother and teacher in July, 1985. The adoption into her home was finalized for the sister and brother in April, 1988.

* Two stepsisters of the same mother came into DSS care in 1984 and had always been placed together. After the initiation of adoption proceedings, the father of the youngest girl came forward to seek custody. Realizing and understanding the closeness the two shared, he agreed to take both. The adoption was finalized in December, 1987.

Guardianships

In FY1988, sixty-one children from Region II were legally adopted. In addition, twenty-seven were placed in approved adoptive homes. Twenty eight older children were placed in guardianships consistent with the figures from past years.

The idea of a guardianship program began in 1982, when the Worcester Region realized that 52% of all children in DSS custody were adolescents. Not able to return home, nor wishing to be adopted, these children were locked into long-term foster care. Guardianship, in which a legal relationship is established between an adult and a minor, was developed as an alternative plan.

A Regional committee comprised of representatives from the legal, adoption, and social service community discovered that no guardianship programs existed in other states. Therefore, the committee developed referral procedures and identified 96 children in the Region.

With the Commissioner's blessing, the program began in 1984 through the Worcester Probate Court. However, a problem arose when the time came to sign the necessary papers. Many of the children who had been identified as appropriate for guardianship, suddenly became disruptive. At first we believed this to be a sign of failure of the referral process. However, it was just the opposite. The program stimulated both the children and adults involved. Some of the children went home, some went forward to adoption, and in some cases problems between the children and the foster parents surfaced enabling them to be addressed. Without the stimulation provided by the program, many of the cases would have remained stagnant with children in a state of drift.

Of the 96 original referrals, about 40 were successfully placed in guardianships. Region II continues to process 20-30 guardianships a year. In 1985, the Commissioner introduced the program statewide, ensuring that guardianship be considered part of our permanency planning for children.

Supporting
The Service Delivery System

Janet Eustis, Deputy Commissioner

Foster Care Review
Gerald Robinson, Director

Office of Legal Services
Christina Harms, General Counsel

Office of Systems
Raymond Richard,
Assistant Commissioner

Office of Administrative Services
John Salvati,
Assistant Commissioner

Office of Human Resources
Edward Boileau,
Assistant Commissioner

Office of Professional Services
James Bell, Assistant Commissioner

Office of Public Affairs
Joseph Landolfi, Director

Office of Special Projects
Linda Spears, Director

Office of External Relations
William Dolan, Director

Foster Care Review

The Foster Care Review Unit conducts 12,000 case reviews each year. Thus every day our staff is conducting forty reviews throughout the DSS Area and Regional offices. The total number of reviews conducted for July 1, 1987 to June 30, 1988 represented 99% of the total number of reviews due during this period.

Who comes to these reviews?

Parents, mature children, foster parents, other substitute care providers and social workers are always invited to case reviews. Inviting foster parents to case reviews supports one of the Department's major initiatives, viewing foster parents as professional partners with DSS serving both the child and biological family. In fiscal year 1988, 39% of the parents and 38% of the foster parents attended. While these participation rates are higher than other states, we feel more parents and substitute care providers need to attend. We are working with area offices to improve participation.

Who conducts the reviews?

As required by the state law establishing the independent Foster Care Review Unit, reviews are conducted by three person panels. The convener is a staff member of the FCRU. The second party is an area or regional administrator. The third party is a citizen volunteer. We currently have approximately 400 volunteers who come to us from many walks of life -- retired federal employees, mothers, child welfare advocates including staff from the Mass. Advocacy Center, therapists, legislative aides. These citizen volunteers are recruited to represent, to the maximum extent feasible, the various socio-economic, racial, and ethnic groups served by the panel. Many are citizens who have not been involved in the child welfare system before. Having volunteers involved benefits, and challenges DSS in three ways. Volunteers, as "outsiders" help explain questions to and speak up for the families. Volunteers also ask hard questions about why DSS does things the way we do. Also volunteers share their feelings about DSS with others in the community. These volunteers have the potential to help us do a better job for the families we serve.

What happens at reviews?

Both federal and state laws require case reviewers to make four determinations for each child:

1. Is continued placement necessary and appropriate?
2. Are all parties complying with the service plan?
3. Is progress being made toward achieving the permanent goal?
4. What are the appropriate permanent goal and date?

To answer these questions, the case review focuses on the service plan, what's happened during the past six months, and what's the best plan for the child for the next six months.

Why are case reviews important?

Case reviews support what DSS knows to be good casework practice -- that each family has a written service plan with a permanency goal and date for each child in placement. These plans must be detailed enough so all parties involved know what the expectations are and are involved in the case planning and review process. The results of foster care reviews provide regular feedback and valuable insight to Area, Regional, and Central office program managers regarding permanency planning. Foster care review data has resulted in revisions in service plan formats and training; identified legal, clinical, and resource barriers to permanency; and focused on special issues within the out-of-home population such as runaway children, absent parents and children over 18 years of age.

What have case reviews revealed to date?

About half the children reviewed are adolescents, and a disproportion of the children we've reviewed have guardianship or independent living as their permanency goals. Adolescents constitute a larger share of the foster care review population than that of the DSS consumer population for two reasons. Compared to younger children, more adolescents are in care and more adolescents have been in placement for longer periods of time. Thus, adolescents are receiving a disproportionate share of our case review resources because of their placement needs. This disproportionate share of adolescents helps explain why after reviews, 16% of the children in placement have the goal of independent living and 9% have guardianship as their goal.

While these goals are appropriate for these children at this point in their involvement with DSS, the disproportionately high percentages point out the tremendous demand this client population places on DSS resources. If DSS was able to provide teens with higher quality placements, and diagnostic/therapeutic psychiatric interventions, then these adolescents would have a greater chance of successfully reuniting with their biological families or integrating into adoptive homes. In addition, if DSS could increase the residential and nonresidential services available to teens moving towards living independently, these children would be more likely to gain the skills necessary to obtain housing, budget expenses, prepare meals, maintain meaningful relationships, and parent healthy children. Over the last decade the DSS has taken a very careful look at how substitute care services are used. As our average length of stay has dropped from 7.5 years in 1971 to 2.5 years in 1986, we have begun providing better placement prevention and reunification services. This means that for the children in substitute care, a range of interventions have already been applied to maintain the child in the community. The demands of children in substitute care are greater now than ever before.

CHART 1

CHILDREN REVIEWED BY FOSTER CARE REVIEW

FY'88

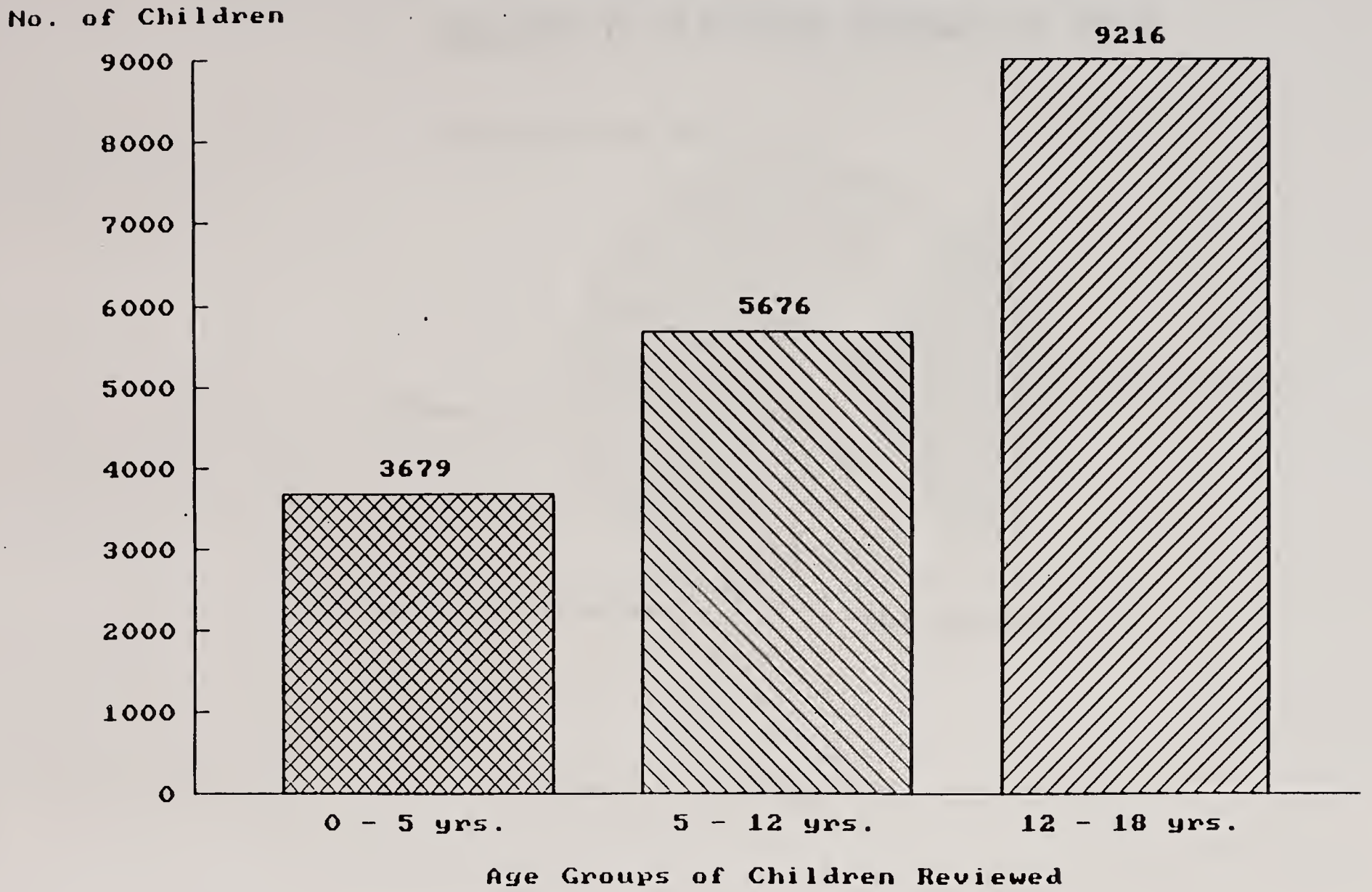
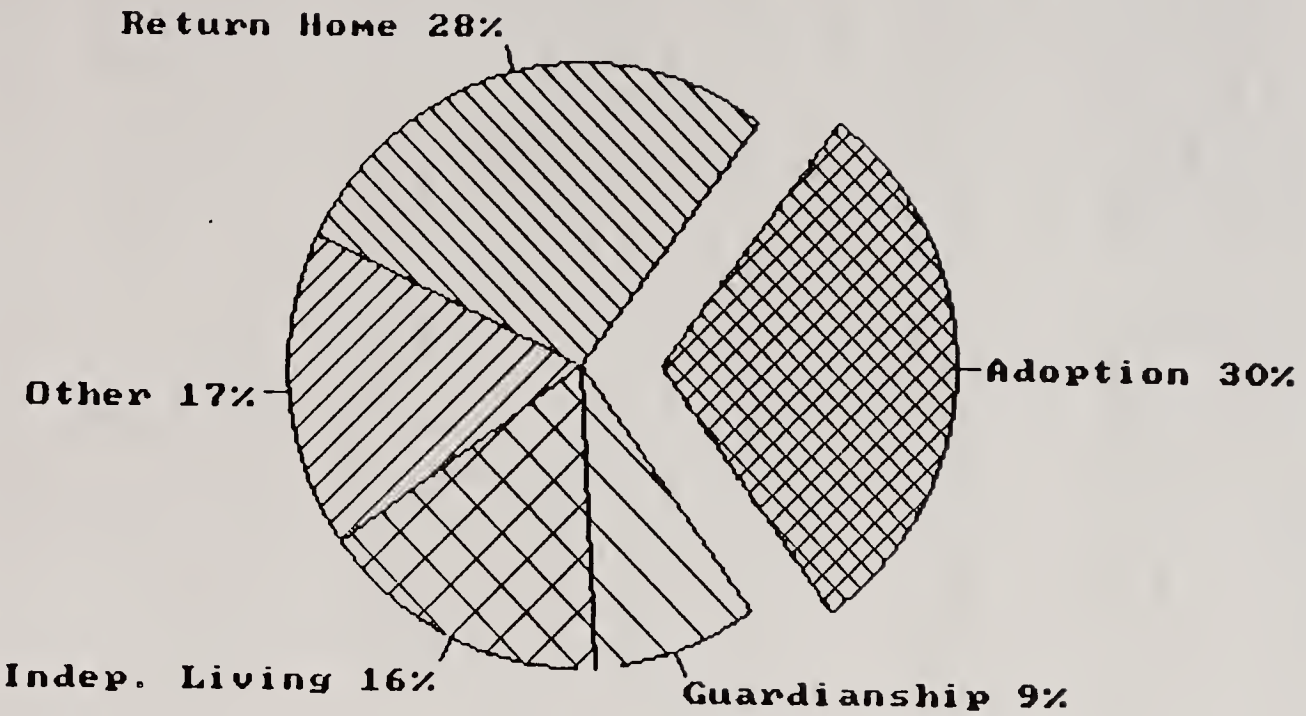


CHART 2

Permanent Goals For Children After Review

Children in placement reviewed in FY'88



Totals > 100%, due to rounding

Office of the General Counsel

Under the direction of the General Counsel, the DSS legal staff of approximately 70 attorneys is the second largest legal staff in state government, second only to the Office of the Attorney General. The legal staff has three major components:

I. CENTRAL OFFICE MANAGEMENT

* Advises DSS Central Office Management on all legal issues
* Supervises field attorneys
* Conducts legal training
* Handles appeals, with Attorney General's Office
* Handles all major litigation against DSS

II. APT TEAM

* Specialized group of attorneys handling exclusively adoption and guardianship cases statewide

III. FIELD STAFF

* Handles those cases in which it is necessary for DSS to go to court to get temporary custody of a child. (The other way that DSS foster children enter our care is through a Voluntary Placement agreement, where parents give the Department their children by agreement -- the Department uses the word "care" in this situation, which is something less than true "custody", which only a court can give.) DSS attorneys in the field handle two major types of court cases: (1) Care and Protection cases; and (2) CHINS cases generally involving multi-problem adolescents.

* Members of the DSS legal staff conduct training for foster parents on various topics such as the fair hearing process, the care and protection, 210, and adoption processes, foster parent liability insurance coverage, etc.

The DSS legal staff is actively involved in the Commissioner's adolescent initiative:

1. The General Counsel and the Deputy Commissioner periodically meet individually with various District and Juvenile Court judges to discuss issues pertaining to adolescents and adolescent services.

2. The General Counsel sits on the Legislature's CHINS Commission.

3. The legal department as a whole has increased, and will continue to increase, its court involvement in CHINS cases.

STATEWIDE COURT CASELOAD

3,700

2865 Care and Protection Cases statewide
672 210 and Guardianship Cases statewide
163 CHINS Cases statewide

3700 Total court cases statewide

It is important to note that the number of CHINS cases is deceptively low. That is, the 163 figure represents only the number of CHINS cases that are formally assigned to a DSS attorney. A majority of the CHINS cases were not in the past assigned to a DSS attorney because DSS is not technically a party to these proceedings. Over the past few years, DSS attorneys have begun to increase involvement in CHINS cases statewide, and it is expected that this number will continue to rise.

STATEWIDE LEGAL CASELOAD

66 cases per attorney

These 3,700 cases are spread across 87 different courts statewide (which is the total number of Juvenile, District and Probate courts in Massachusetts). 56 case-carrying lawyers means that the average caseload per attorney (excluding management attorneys) is 66.

EXAMPLES OF LEGAL CASEWORK

(1) A spina bifida special needs handicapped child in the custody of the Department requires special corrective surgery according to the latest medical techniques. A DSS attorney seeks and obtains court permission for the extraordinary surgery.

(2) A case involving severe sexual abuse of four children wherein DSS seeks to free the children for adoption is lost after a ten day trial. A DSS attorney successfully convinces the Appeals Court that a new trial before a different judge should be ordered. The same DSS attorney retries the case and wins.

(3) An adoptive home is located for an infant with AIDS whose mother (also sick with AIDS) is unable to parent the infant. A DSS attorney successfully convinces a judge to expedite adoption proceedings, and the adoption is finalized on a special expedited schedule.

SOCIAL WORK TRAINING INSTITUTE

FY1988 Courses

July

1) Pre-Service
2) Stress Management
3) Adolescent Sexual Offenders
4) Working with Families of D.D. Children
5) Service Planning Training of Trainers - Problem-Solving
6) Service Planning Training of Trainers - Problem-Solving

August

7) Service Planning

September

8) Pre-Service
9) Working Across Cultures
10) Borderline Families
11) Investigations
12) Case Recording
13) Interviewing Alleged Offenders in Sexual Abuse Cases
14) Working with Southeast Asians
15) How the Infertile Couple Decides to Adopt
16) Adolescent Assessment
17) Social Worker Liability
18) Courtroom Testifying

October

19) Intro. to Group Work Skills
20) Handling Difficult Situations with Employees
21) Growth, Development, and Pathology
22) Eating Disorders
23) Failure to Thrive
24) The Use of Medication in Treatment

November

25) Adolescent Suicide
26) The Use of Mediation Skills with Adolescents/Families
27) Pre-Service
28) Drug Abuse and Alcoholism
29) AIDS Information Workshop
30) Introduction to Family Systems
31) Advanced Group Work Skills
32) Handling Difficult Situations with Employees
33) Preventing and Managing Aggressive Behavior
34) Interviewing Children in Sexual Abuse Cases

DEPARTMENT OF SOCIAL SERVICES — SEPTEMBER 16, 1988
MONTHLY GENERIC CASELOAD/WORKLOAD REPORT

AREA/REG	GENERIC CASES (ONGOING AND ASSESSMENT CASES) CASES	FTE	RATIO	INVESTIGATIONS CONTRACT * AUG	(PRIOR MONTH) AUG	WEIGHTED (X.5)	ASSESSMENTS IN PROCESS	WEIGHTED (X.5)	ONGOING	WEIGHTED WORKLOAD CASES	FTE	RATIO
PITTSFL 010	456	27.50	16.58	0	60	30.00	43	21.50	413	567.50	27.50	20.64
GRN/NOR 020	531	31.37	16.93	0	29	14.50	35	17.50	496	592.00	31.37	18.87
HOL/CHI 030	502	34.33	14.62	7	75	37.50	53	26.50	449	641.00	34.33	18.67
SPRINGF 040	730	53.35	13.68	13	126	63.00	74	37.00	656	956.00	53.35	17.92
WESTFLD 050	296	17.50	16.91	16	34	17.00	21	10.50	275	357.50	17.50	20.43
REGION I TOTAL	2515	164.05	15.33	36	324	162.00	226	113.00	2289	3114.00	164.05	18.98
FITCHBG 060	391	24.70	15.83	0	50	25.00	34	17.00	357	483.00	24.70	19.55
GARDNER 070	210	14.00	15.00	0	24	12.00	16	8.00	194	254.00	14.00	18.14
BLACKST 080	389	24.75	15.72	0	34	17.00	26	13.00	363	453.00	24.75	18.30
S CENTR 090	407	23.50	17.32	0	37	18.50	36	18.00	371	480.50	23.50	20.45
WORCEST 100	1043	57.33	18.19	0	76	38.00	98	49.00	945	1206.00	57.33	21.04
REGION II TOTAL	2440	144.28	16.91	0	221	110.50	210	105.00	2230	2876.50	144.28	19.94
LOWELL 110	626	36.33	17.23	3	50	25.00	49	24.50	577	725.50	36.33	19.97
LAWRENC 120	478	28.33	16.87	9	59	29.50	51	25.50	427	592.00	28.33	20.90
HAVERHL 130	401	22.50	17.82	0	39	19.50	31	15.50	370	475.00	22.50	21.11
CPE MAIN 140	230	13.83	16.63	3	19	9.50	25	12.50	205	271.00	13.83	19.60
DAN/SAL 150	175	12.50	14.00	4	18	9.00	12	6.00	163	208.00	12.50	16.64
LYN/CHE 160	887	50.50	17.56	8	111	55.50	79	39.50	808	1093.00	50.50	21.64
E MIDDL 170	149	9.00	16.56	0	15	7.50	15	7.50	134	179.00	9.00	19.89
TRICITY 180	372	23.30	15.97	2	30	15.00	30	15.00	342	432.00	23.30	18.54
REGION III TOTAL	3318	196.29	16.90	29	341	170.50	292	146.00	3026	3975.50	196.29	20.25
CONCORD 190	79	5.80	13.62	2	8	4.00	5	2.50	74	93.50	5.80	16.12
ARLINGT 200	255	15.70	16.24	2	11	5.50	19	9.50	236	281.00	15.70	17.90
BEAVRBK 210	369	21.50	17.16	2	18	9.00	23	11.50	346	407.50	21.50	18.95
CAM/SOM 220	509	29.83	17.06	8	41	20.50	31	15.50	478	586.00	29.83	19.64
MARLBOR 230	179	11.50	15.57	0	21	10.50	12	6.00	167	216.50	11.50	18.83
FRAMING 240	391	24.17	16.18	0	19	9.50	34	17.00	357	436.50	24.17	18.06
NEWTON 250	137	7.60	18.03	0	11	5.50	6	3.00	131	156.50	7.60	20.59
NORWOOD 260	213	16.00	13.31	2	27	13.50	13	6.50	200	260.00	16.00	16.25
QUINCY 270	382	24.17	15.80	2	18	9.00	24	12.00	358	421.00	24.17	17.42
COASTAL 280	409	26.84	15.24	0	32	16.00	27	13.50	382	470.50	26.84	17.53
REGION IV TOTAL	2923	183.11	15.96	18	206	103.00	194	97.00	2729	3329.00	183.11	18.18
ATTLEBR 290	268	17.50	15.31	1	42	21.00	17	8.50	251	339.50	17.50	19.40
BROCKTN 300	801	49.70	16.12	9	85	42.50	98	49.00	703	977.50	49.70	19.67
PLYMTH 310	301	20.67	14.56	1	29	14.50	22	11.00	279	355.50	20.67	17.20
TAUNTON 320	386	23.84	16.19	2	40	20.00	29	14.50	357	460.50	23.84	19.32
FALL RV 330	514	32.53	15.80	1	63	31.50	46	23.00	468	631.50	32.53	19.41
NW BEDF 340	735	46.18	15.92	2	91	45.50	58	29.00	677	900.50	46.18	19.50
CPE/ISL 350	405	25.67	15.78	2	45	22.50	22	11.00	383	483.50	25.67	18.84
REGION V TOTAL	3410	216.09	15.78	18	395	197.50	292	146.00	3118	4148.50	216.09	19.20
BOS STH 360	1092	55.24	19.77	1	109	54.50	81	40.50	1011	1296.00	55.24	23.46
BOS/BRK 370	397	24.33	16.32	0	62	31.00	39	19.50	358	509.50	24.33	20.94
BOS UNV 380	1078	58.34	18.48	0	107	53.50	113	56.50	965	1295.00	58.34	22.20
TUFTS 390	540	33.51	16.11	1	49	24.50	35	17.50	505	631.00	33.51	18.83
HARBOR 400	328	18.50	17.73	0	41	20.50	33	16.50	295	406.00	18.50	21.95
PSU 961	0	1.00	0.00	21	0	0.00	0	0.00	0	0.00	1.00	0.00
REGION VI TOTAL	3435	190.92	17.99	23	368	184.00	301	150.50	3134	4137.50	190.92	21.67
STATEWD	18041	1094.74	16.48	124	1855	927.50	1515	757.50	16526	21581.00	1094.74	19.71

* UNASSIGNED UNINVESTIGATIONS ARE NOT INCLUDED IN THE WEIGHTED WORKLOAD

AVERAGE WORKFORCE

2,726

REPRESENTATION IN WORKFORCE

WHITE	BLACK	HISPANIC	ASIAN	NATIVE AMERICAN
76.9%	15.2%	6.6%	.8%	.3%

TURNOVER RATES

STATEWIDE

FY'88 - 15.5%
FY'87 - 13.4%
FY'86 - 12.7%

DIRECT SERVICE

FY'88 - 16.5%
FY'87 - 13.7%
FY'86 - 13.3%

SERVICE SUPPORT

FY'88 - 13.6%
FY'87 - 12.8%
FY'86 - 11.4%

DIRECT SERVICE VACANCY RATES

FY'88 - 3%
6/25/88 - 2.9%

FY'88 TRAINING

SOCIAL WORK TRAINING INSTITUTE

- 109 in-service trainings were conducted with a total enrollment of 3,509.

- 451 new direct service workers received 11 days of training through the Pre-Service Training Program.

FAMILY RESOURCE TRAINING INSTITUTE

- 164 in-service trainings were offered to foster and adoptive parents with a total enrollment of 2,500 participants.

- Administers "Training of Trainers" Program for foster/adoptive pre-service training. 148 new trainers were certified during the year.

PROFESSIONAL DEVELOPMENT PROGRAM

- 1,557 participants took part in this program.

SOCIAL WORKER WORKLOADS

- # Social Workers with workloads > 22 for two months

July 86	June 88
187	84

Office of Human Resources

Under the direction of the Assistant Commissioner, the Office of Human Resources maintains four smaller units which work both cooperatively and distinctly in the development, implementation and monitoring of manpower policies and programs within the Department of Social Services. These units are by name:

I. PERSONNEL SERVICES AND LABOR RELATIONS

* Authorize all agency personnel and payroll transactions.
* Provide technical assistance and expert consultation to agency managers on labor relations and collective bargaining contract compliance matters.
* Conduct negotiations with employee Unions.

II. RECRUITMENT AND EQUAL EMPLOYMENT OPPORTUNITY

* Develops agency recruitment policies and procedures.
* Develops and monitors agency Affirmative Action Plan.
* Recruits for Central Office vacant personnel positions.

III. TRAINING

* Develops and implements Pre-Service training programs for new employees.
* Coordinates and develops policies and plans for In-Service training, professional development programs, and appropriate academic programs.
* Directs the Social Work Training Institute and the Family Resources Training Institute.

IV. STAFFING ANALYSIS

* Develops plans for the equitable allocation of direct service and service support personnel referred to as "Resizing".
* Develops and implements caseload/workload reporting system.
* Financial management activities relative to personnel, i.e. Agency Annual Budget, Spending Plan, etc.

[illegible] SERVICES

[illegible] EXPENDITURES

FY81 - FY89

		FY'81	FY'82	FY'83	FY'84	FY'85	FY'86	FY'87	FY'88	FY'89 CH. 164
GROUP CARE EOY	#	1611	1544	1635	1558	1486	1513	1493	1577	1602
ADOLESCENT SVCS. TOTAL	$	30.7	28.7	31.4	35.9	34.7	36.8	43.9	46.0	43.4
FOSTER CARE EOY	#	7593	6777	6642	6466	6528	6319	6497	6613	6613
TOTAL	$	21.3	21.7	20.6	21.9	20.0	22.2	30.0	36.0	37.0
ADOPTION EOY	#	1160	1371	1619	1799	1994	2363	2436	3117	3517
CONTRACTS	$	1.3	1.3	1.2	1.3	1.5	1.7	1.9	2.1	2.1
SUBSIDIES	$	2.5	3.0	4.3	5.1	5.7	7.3	10.6	12.5	13.1
DAY CARE EOY	#	N/A	14,701	16,170	16,666	17,122	17,584	18,088	20,016	20,654
TOTAL	$	18.0	38.5	43.1	46.6	49.6	59.3	67.4	84.3	97.6
SOCIAL SVCS. TOTAL	$	33.2	33.1	37.6	44.8	48.0	55.4	56.8	59.6	61.0
HOMELESS	$	--	--	--	--					
SEXUAL ABUSE	$									
YOUNG PARENTS	$									
RESPITE TOTAL	$	--	.5	1.5	3.9	3.5	4.4	5.0	7.7	5 --
STATE TOTAL ADMINISTERED	#	2735	2543	2651	2626	2665	2685	2704	2777	2777
TOTAL	$	85.0	41.6	46.7	53.3	56.2	63.7	71.8	75.8	77.9
DIRECT SERVICE (Includes F.C.R.)	#	1637	1637	1629	1651	1701	1759	1831	1861	
TOTAL	$	22.1	26.4	30.1	34.1	36.2	42.0	48.1	49.7	51.0
ADMIN./SUPPORT (Support, Legal)	#	1098	906	1022	975	964	926	873	916	
	$	12.6	15.2	16.6	19.0	20.0	21.7	23.7	26.1	26.0
ADMIN. OVERHEAD TOTAL	$	12.5	12.1	11.1	11.8	12.3	12.3	14.0	15.3	16.1
TOTAL SPENT	$	175.3	180.7	197.7	224.7	231.5	263.1	301.4	338.6	
TOTAL APPROP/AVAIL	$	181.9	196.4	202.3	225.2	247.3	268.8 3	307.7 4	342.7	353.2
VARIANCE	$	9.6	15.7	4.6	.5	15.8	5.8	6.3	4.1	

1 - INCLUSIVE OF CHILD WELFARE SERVICES AND OTHER ILLEGAL COSTS.

2 - FOR FOSTER CARE PERIOD DOES NOT NOT DPW YOUTH.

3 - $ CARRY FORWARD, PRIMARILY $2.5M (DAY CARE, FEE/OVERREQUIREMENT) AND $2.1M IN SSBG

4 - $ REVERSIONS, $1.2M SSBG RET. REVENUE CARRY FORWARD, $1.1M DAY CARE CARRY FORWARD

5 - INCLUDED IN [illegible] OF ALLOC.

INITIAL AUTHORIZATION FOR SERVICE

1. AUTHORIZATION # (DEO completes)	2. WORKER #	3. AREA DIRECTOR SIGNATURE (if necessary) Date

PART A: IDENTIFYING INFORMATION [Complete for all services. For Medicaid Only (MAO), complete this part and Part F.]

4. CONSUMER #	5. CONSUMER NAME (last, first)
6. PROVIDER #	7. PROVIDER NAME (last, first if individual)
8. CONTRACT/PURCHASE # (if org.)	9. TIEBREAKER NAME (for organizational providers if applicable)

10. SERVICE	11. PROGRAM	12. SERVICE PERIOD
		FROM: ___/___/___ (mm dd yy) TO: (through) ___/___/___ (mm dd yy)

PART B: SUPPORT SERVICES [(FSS, SIT, HMK, DAY) Complete Parts A, B & F.]

13. SERVICE FREQUENCY (Complete only one)

☐ 001 _____hrs/day ☐ 002 _____hrs/wk ☐ 003 _____hrs/mo ☐ 004 _____days/wk ☐ 005 _____days/mo

14. FSS-2 ONLY, LUMP SUM PAYMENT	15. BABYSITTING (SIT) ONLY	16. I EXPECT TO RE-AUTHORIZE THIS SERVICE
Amt $_____	# of children _____	☐ 001 Yes ☐ 002 No (Close Autho at 'to' date)

PART C: SUBSTITUTE CARE AND SUBSIDY SERVICES [(FOS, TIL, CRS, ADS, GRD) Complete Parts A, C, D (if applic), E & F]

17. SERVICE FREQUENCY (Complete one)	18. DAILY RATE	19. INDIVIDUAL RATE DUE TO (Check all that apply)	20. ISSUE MEDICAID CARD
☐ 001 FT 7 days/wk	☐ 001 Standard Full	☐ 001 Grantee Relative on AFDC	☐ 001 Yes ☐ 002 No
☐ 002 PT _____days/wk	☐ 002 Standard Cost Share	☐ 002 Residential Cost Share	21. ISSUE QUARTERLY CLOTHING
☐ 003 PT _____days/mo	☐ 003 Individual Rate	☐ 003 Family Income	☐ 001 Yes ☐ 002 No
	$_____/day	☐ 004 Provider is Rep. Payee	

PART D: AUXILIARY SERVICES (Complete if authorizing auxiliary services in conjunction with Substitute Care or Subsidy Services.

22. ONGOING EXTRAORDINARY EXPENSES (Out of Pocket)	23. LUMP SUM EXTRAORDINARY EXPENSES
Thru: ___/___/___ (mm dd yy) Amount: $_____/day	Amt: $_____
24. SPECIAL SERVICES (PACT, MPACT)	25. EMERGENCY CLOTHING GRANT
Thru: ___/___/___ (mm dd yy) Hrs/wk: _____	☐ 001 100% Grant ☐ 003 50% Grant ☐ 002 75% Grant ☐ 004 25% Grant

PART E: CONSUMER INFORMATION (Complete for all Substitute Care and Subsidy Services.)

26. FINANCIAL INFORMATION		Yes	No
Child receives SSI	001	☐	☐
Child receives Title II	002	☐	☐
Child rec. other bnfts (VA, RR, etc.)	003	☐	☐
Family participates in sliding fee	004	☐	☐
Family eligible for FRB	005	☐	☐

27. TITLE IV-E ELIGIBILITY		Yes	No
Is child from AFDC-eligible home	001	☐	☐
Is child court-committed	002	☐	☐

28 CONSUMER'S ADDRESS (Organizational FOS (A & B, Inc

Street Address _____

Geo Code _____ Zip Code _____

City, State (if not MA) _____

In Care Of _____

PART F: SIGNATURES

29. SOCIAL WORKER DATE	30. SUPERVISOR DATE	31. DATA ENTRY OPERATOR DA

PART G: NOTES (If AD, RD or CO approval required, write justification(s).)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF SOCIAL SERVICES

(OAS - 492)

IV. Support Services

- Development, implementation and monitoring of consistent policies, guidelines, procedures and methods for the procurement and management of all Department space, goods, telephone systems, physical resources, and inventory systems.

- Production of data and reports to assist all Department managers in planning for acquisition and management of existing physical resources.

- Direct procurement and management of all centralized space, goods, telephone systems, and physical resources.

- Direct operation of internal printing operation, control of forms production.

Office of Administrative Services

The Office of Administrative Services is comprised of four units which work individually and cooperatively to develop, implement, and monitor policies, guidelines, and procedures within the areas of budget and finance, procurement of services and goods, accounting and transaction processing and the management of physical resources.

These units are as follows:

I. **Financial Analysis**

- ° Development of annual operating budget and spending plan.
- ° Implementation of consistent policies, procedures and methods to monitor the Department's expenditure activity.
- ° Analysis of this expenditure activity and the production of monthly reports to assist Department managers in expenditure planning and control.

II. **Purchase of Service**

- ° Planning the annual service procurement cycle and the Coordination and Development of the Department's annual service procurement plan.
- ° Implementation and monitoring of consistent policies, procedures and methods for the Department's procurement of social and consultative services, approximately two-thirds of its budget.
- ° Analysis of procurement activity and the production of monthly and quarterly reports to assist Department managers in procurement planning and control.
- ° Direct technical and financial support to all central managers responsible for centralized purchased resources.

III. Controller

- ° Implementation and monitoring of consistent policies, guidelines, procedures and methods for all Department accounting and transaction processing activity.
- ° Direct accounting and processing of all centralized expenditures, advances, and procurement transactions.
- ° Analysis of accounting and transaction activity to assist all managers in planning for and control of their financial resources.

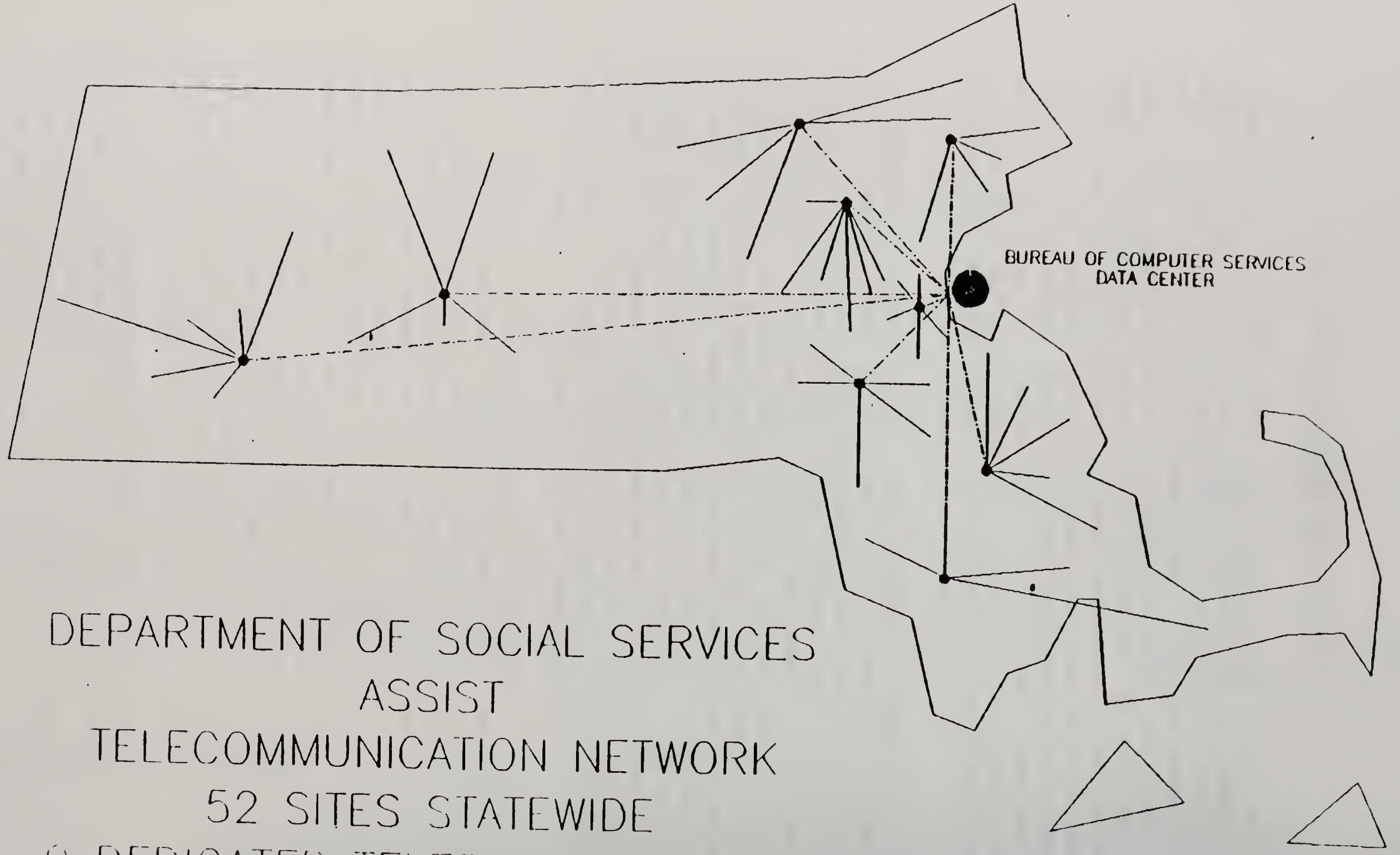
Four Examples of How A.S.S.I.S.T. Is Used By DSS

I. A Family Resource Worker in the Springfield Area Office needs to place a 14 year old black girl with a history of drug abuse. She needs a home with parents experienced in working with adolescents and trained in issues of substance abuse. She also needs a family with other children. The Family Resource Worker does a Resource Characteristics Match which shows her two families within the Springfield Area that have experience in working with children with substance abuse problems, but both homes are at capacity. The worker, therefore, decides to search for a home outside, but close to, Springfield, e.g., Holyoke. She does a Resource Characteristics Match for the Holyoke area and finds one potential resource listed. She then calls the Holyoke Area Family Resource Worker to explore suitability.

II. A Screener in Dorchester gets a call from the neighbor of a woman who is allegedly leaving her three and five year old children alone in her apartment while she waitresses nights. Occasionally the woman's boyfriend checks on the children, but they are often alone for hours. The neighbor thinks the woman's first name is Maria and that her last name is Wilson. The Screener goes to the terminal and does a Name Search on ASSIST. She locates a Maria Wilson, a former DSS consumer whose case was closed six months ago, in the Haverhill Office. The Screener also proceeds to do a Central Registry Inquiry and finds that there was a Substantiated 51A on this consumer. She follows up with a call to the Haverhill Area Director (since there is no longer an assigned Social Worker) to gather further information to determine whether the case should be screened in for an investigation.

III. A reporter from the Boston Herald calls the Office of Public Affairs to corroborate a report received from a woman asserting that DSS has custody of her child, that she has visitation rights only, and that she has evidence to support her contention that she should have custody and that DSS in unfairly refusing to return custody to her. All the reporter has is the woman's last name and the town she lives in. Public Affairs does an Exact Name Search on ASSIST and does not get a match because the name given was misspelled. Public Affairs then does a Phoenetic Name Search, identifies the mother and the child, and ascertains the status of the case and all of the events that have taken place. Public Affairs then calls the Social Worker assigned to the case to get additional information. Based on all the information, Public Affairs is able to call the reporter and defuse the story.

IV. A father who has abandoned his family may reappear after an extended absence and contact DSS with the suspicion that his children had been placed in the care of the state. DSS' Consumer Action Office, using the names of parents and/or children can determine through ASSIST whether the children are in care, and if so, the office and worker responsible. If the children are in care, the Consumer Action Office would then ask that the social worker contact the father and explore the nature and purpose of his inquiry.



DEPARTMENT OF SOCIAL SERVICES
ASSIST
TELECOMMUNICATION NETWORK
52 SITES STATEWIDE
9 DEDICATED TELEPHONE CIRCUITS
261 TERMINALS
58 PRINTERS

ASSIST Events

In general, the structure of all Events is the same. Each contains an Event Number, an Event Date, a Consumer Number, a Caseworker Number, up to six (6) coded data elements, and one free form data element.

1005	Location	1050	Service Plan
1010	Initial Contact	1090	Closing
1020	Worker Assignment	1211	Report/Screening
1025	Secondary Worker Assignment	1215	Investigation Assignment
1026	Secondary Worker Removal	1221	Investigation
1030	Inter-Office Transfer	1231	DA Referral Event
1040	Assessment/Case Review	1729	Adoption/Guardianship Tracking Event
1041	Financial Background		
1042	Foster Care Review	1730	Legal Status
1043	Educational Background	1735	Lawyer Assignment Event
1044	Special Education	1810	Health Care

DEPARTMENT OF SOCIAL SERVICES

****
* ASSIST MASTER MENU *
****

CONSUMER REGISTRATION AND TRACKING
MAIN MENU.....01

RESOURCE REGISTRATION AND INQUIRY.....02

FOSTER CASE REVIEW.....03

AUTHORIZATION, PAYMENT AND ACCT.....04

SUBSIDY REGISTRATION AND INQUIRY.....05

DEPARTMENT OF SOCIAL SERVICES

****
* CONSUMER REGISTRATION & TRACKING MAIN MENU *
****

CONSUMER INQUIRY.....01	NAME SEARCH.....09
FAMILY INQUIRY.....02	STATISTICS.....10
CONSUMER ADD.....03	CONSUMER EVENT DELETE..11
CONSUMER UPDATE.....04	RESERVED.....12
CONSUMER EVENT ADD.....05	REGIONAL MAINTENANCE...13
SOCIAL WORKER SUMMARY....06	DUMMY SOC SEC NOS.....14
CONSUMER EVENT INQUIRY...07	PSEUDO NUMBERS.....15
RECORDS CENTER INDEX.....08	CENTRAL REGISTRY MENU..16

DEPARTMENT OF SOCIAL SERVICES
RESOURCE REGISTRATION & INQUIRY MAIN MENU

PROVIDER NAME SEARCH.....01	PURCHASE AGREEMENT CORRECT.....14
PROVIDER ADD.....02	PURCHASE AGREEMENT INQUIRY.....15
PROVIDER RE-APPLICATION.....03	CORPORATE PROGRAM ADD.....16
PROVIDER UPDATE.....04	BLANKET AF-7 ADD.....17
PROVIDER INQUIRY.....05	BLANKET AF-7 AMEND.....18
STATUS UPDATE.....06	BLANKET AF-7 INQUIRY.....19
STATUS INQUIRY.....07	RESOURCE CHAR ADD.....20
CONTRACT ADD.....08	RESOURCE CHAR UPDATE.....21
CONTRACT AMEND.....09	RESOURCE CHAR INQUIRY.....22
CONTRACT CORRECT.....10	RESOURCE CHAR MATCH INDIV.....23
CONTRACT INQUIRY.....11	RESOURCE CHAR MATCH ORGANIZTN.....24
PURCHASE AGREEMENT ADD.....12	RESOURCE CHAR MATCH CODE.....25
PURCHASE AGREEMENT ADJUST.....13	AF-7 APPROVAL PROCESS.....26
	AF-7 SUMMARY INQUIRY.....27
	CONTRACT/PURCH AGREEMENT SEARCH.....28

DEPARTMENT OF SOCIAL SERVICES

****
* FOSTER CARE REVIEW MAIN MENU *
****

REVIEW INQUIRY.....01
REVIEW SUMMARY.....02
REVIEW MAINTENANCE.....03
REVIEW NOTIFICATION.....04
PARTICIPANT ADD UPDATE OR DELETE.....05
REVIEWER ADD OR UPDATE.....06
REVIEWER INQUIRY OR CASE ASSIGNMENT...07

DEPARTMENT OF SOCIAL SERCICES
AUTHORIZATION ACCT PAYMENT MAIN MENU

ADD AUTHO.....01	GEN INVOICE ADD.....
RE-AUTHO.....02	ADJ INVOICE ADD.....
CHANGE AUTHO.....03	INVOICE INQUIRY.....
CLOSE AUTHO.....04	HAND GENERATED CHECK.....
DELETE AUTHO.....05	INVOICE APPROVAL PROCESS.....
AUTHO FEEDBACK.....06	PAYMENT INQUIRY.....
AUTHO LOG.....07	
AUTHO APPROVAL PROCESS...08	
AUTHO STATUS INQUIRY.....09	
AUTHO INQ BY AUTHO#.....10	
AUTHO INQ BY CONSUMER#...11	
AUTHO INQ BY PROVIDER#...12	

*ENTER 95 FOR SUBSIDY SYSTEM
*ENTER 96 FOR CONSUMER SYSTEM
*ENTER 97 FOR RESOURCE SYSTEM
*ENTER 98 FOR FOSTER CARE REVIEW SYSTEM
*ENTER 99 TO LOGOFF
*DETERMINE OPTION DESIRED
*ENTER SELECTION: _____

V. Foster Care Review Component

* Generate tickler reports and turnaround documents which identify upcoming case reviews of children in placement.

* Maintains records of completed foster care reviews.

VI. Authorization, Payment, and Accounting Modules

* A replacement of the outdated POS-8 system, which integrates resource utilization with consumer data and generates encumbrance, accounting, and payment data for DSS purposes as a supplement to the MMARS system.

* Simplifies the authorization process and substantially reduces paperwork for social workers.

Office for Systems

A.S.S.I.S.T. (Area-Based Social Services Information Systems Technology), is an on-line, statewide computerized management information system, established pursuant to legislative mandate. A.S.S.I.S.T. was the first system of its kind developed and is currently one of only three such systems nationwide.

I. **Consumer Registration Module**

* Consists of Data that describes the consumer and is generally static.

* Data needs little or no update.

  - o Consumer Number
  - o Name
  - o D.O.B.
  - o AKA Name
  - o Sex
  - o Preferred Language
  - o Ethnicity
  - o Role of Consumer in Family
  - o Social Security Number
  - o Other reference numbers

II. **Consumer Tracking Module**

* Consists of Events which record service milestones in a consumer's history with DSS.

* Automated chronology of data on each consumer.

* Captures such information as the goal of a consumer's service plan; name of the primary social worker and date that worker was assigned; the type of placement a child is in.

III. Central Registry Component

* Consists of Events which record service milestones in a consumer's history with DSS.

* Links report and screening events to investigation events which makes it possible to automatically expunge unsupported reports after one year, as required by law; contains name and other identifying information on alleged perpetrators.

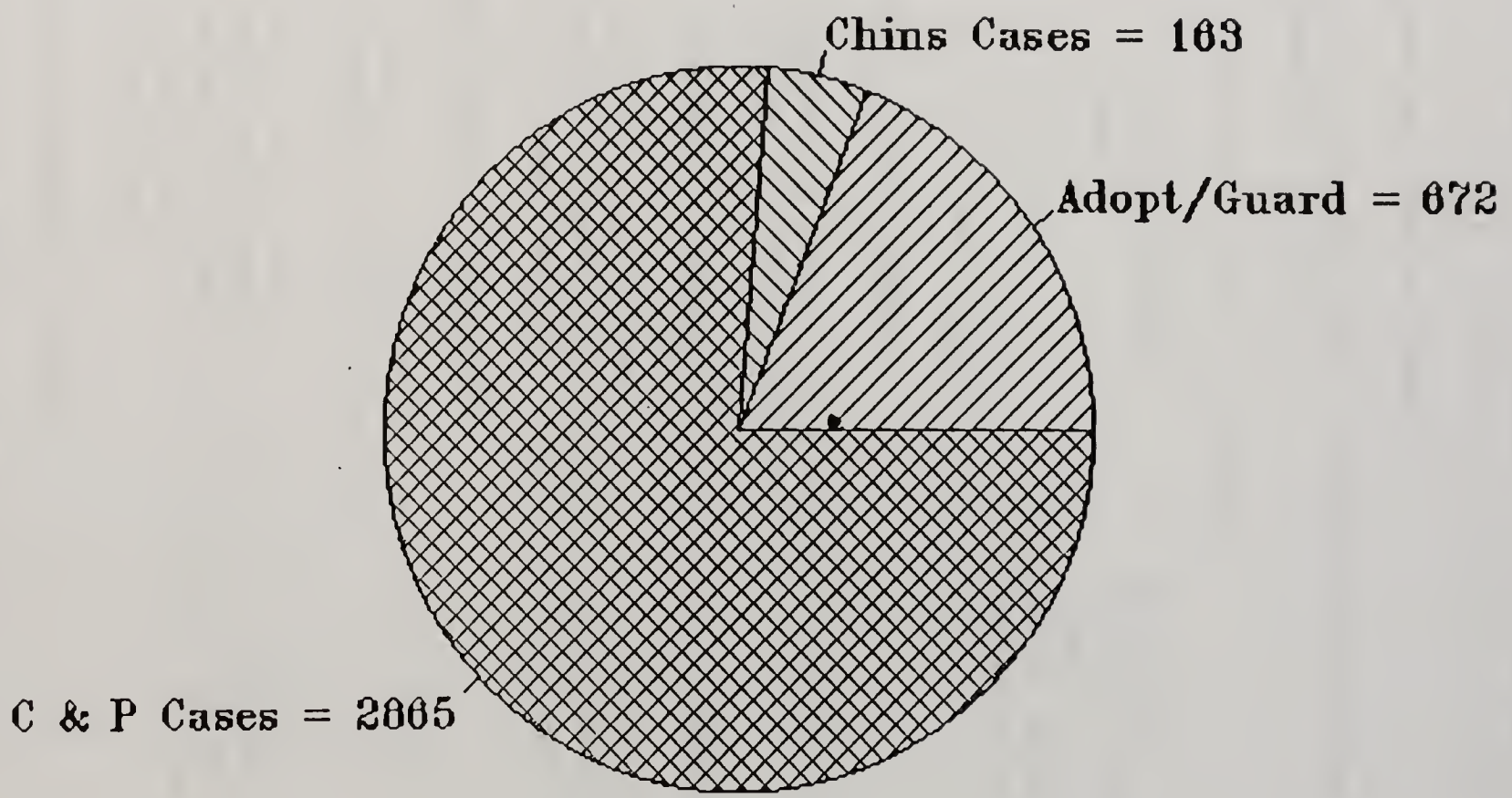
IV. Resource Management Module

* Resource Registration registers individual and organizational providers.

* Includes Resource Characteristics of each service provider, such as ethnicity, languages spoken, ages and types of children served.

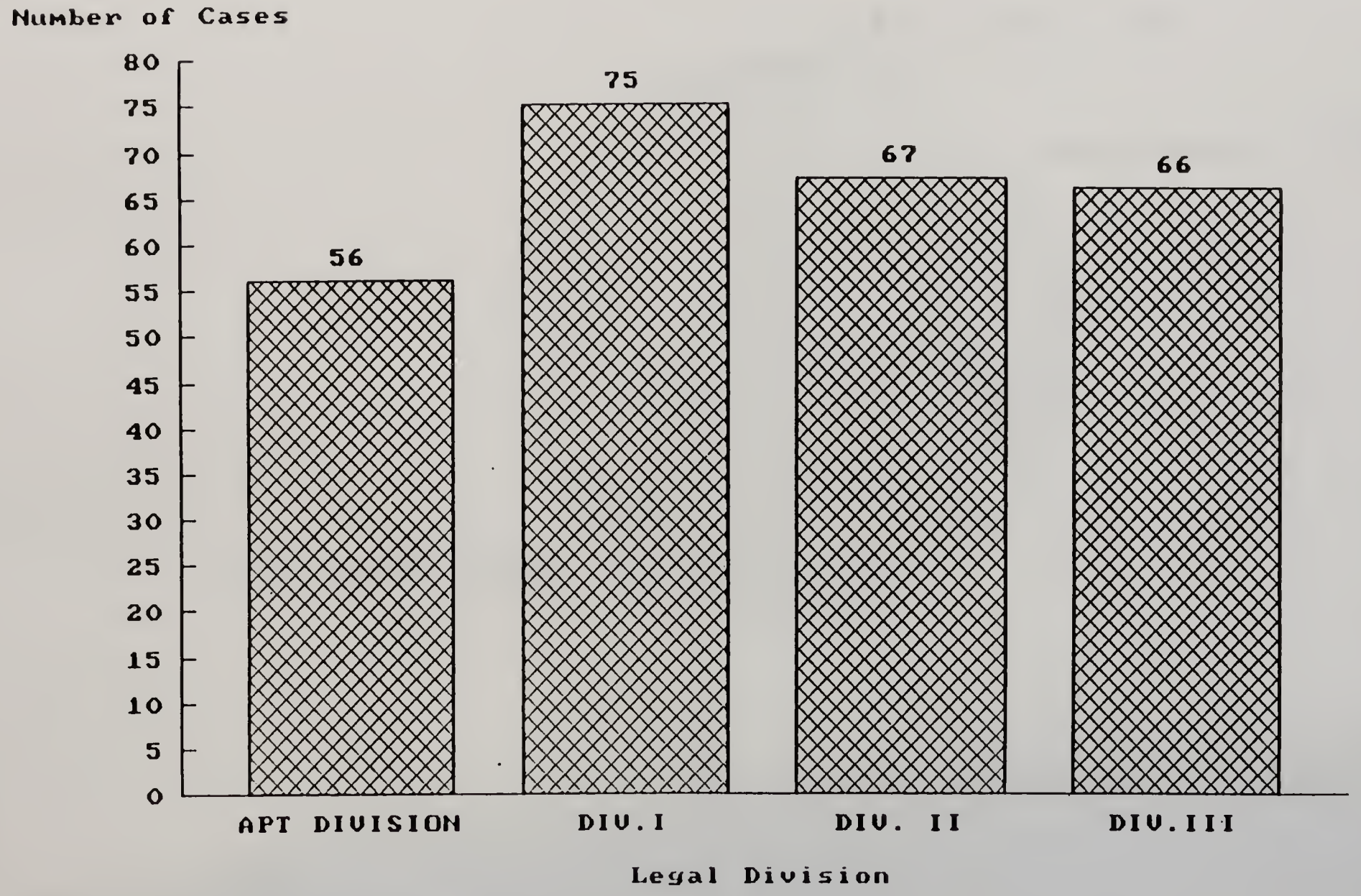
* Includes Resource Characteristics Match which allows social workers and homefinders to match a child's placement needs with an appropriate service provider.

Massachusetts Department of Social Services
Legal Caseload



November 1, 1988
Total Number of Cases 3,700

Department of Social Services
Average Caseload Per Lawyer



November 1, 1988

(4) A bitter divorce involving allegations of sexual abuse of the child by the father and grandfather spreads across state lines when one of the divorcing parties flees from New Hampshire to Massachusetts with the child. A DSS attorney initially successfuly convinces a Massachusetts judge to place the child in DSS custody for protection, and later arranges retransfer of the case to the courts of New Hampshire while maintaining full information input to the New Hampshire Court from Massachusetts service providers.

SOCIAL WORK TRAINING INSTITUTE

FY1988 Courses

December

35) Cultural Issues in Supervision
36) Independent Living Training
37) Assessing Sex Abuse in Children with M.R.
38) Service Planning
39) Failure to Thrive

January

40) Open Adoption
41) Pre-Service
42) Coping with Loss
43) Cocaine Abuse and Fetal Risks
44) Investigations
45) Preventing and Managing Aggressive Behavior
46) Preventing and Managing Aggressive Behavior
47) Stress Management (Taunton)
48) Independent Living Training
49) PMS/EPRS Training
50) PMS/EPRS Training
51) PMS/EPRS Training
52) PMS/EPRS Training
53) PMS/EPRS Training
54) PMS/EPRS Training
55) PMS/EPRS Training
56) PMS/EPRS Training

February

57) Working Across Systems
58) Intro. to Group Work Skills
59) Open Adoption
60) Managing Meetings
61) Perm. Planning and Mental Illness
62) Interviewing Alleged Offenders in Sexual Abuse Cases
63) Working with Hispanic Families
64) Service Planning Training for Contract Agencies

March

65) The Housing Connection: Resources for Homeless Families
66) Pre-Service
67) Crisis vs. Functional Turmoil
68) Conflict Management
69) Stress Management
70) AIDS Information Workshop
71) Handling Difficult Situations with Employees
72) Time Management
73) Interviewing Skills
74) Interviewing Skills for Sexual Abuse Cases
75) Special Education and Psychological Assessments
76) Children of Incarcerated Parents

SOCIAL WORK TRAINING INSTITUTE

FY1988 Courses

April

77) Borderline Families
78) Developmental Disabilities
79) Advanced Group Work Skills
80) Working with the Hard-to-Reach Client
81) Service Planning
82) Alcohol and Drug Addiction
83) Investigations
84) Independent Living Training
85) Foster Home Adoptions

May

86) Pre-Service
87) Management of Change
88) Preventing and Managing Aggressive Behavior
89) Working with Developmentally Disabled Children
90) The Housing Connection

June

91) Licensing Exam Preparation Course
92) Working with Refugee Families
93) Interviewing Alleged Offenders
94) Resistance in the Casework Relationship
95) Adolescent Sexuality
96) Managing Change
97) Resistance in the Casework Relationship
98) Pre-Service for Family Resource Staff
99) CPR Heartsaver Course
100) Balancing Career and Family
101) Permanency Planning Forum

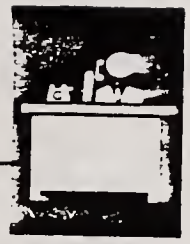
CONFERENCES

102)	Sept.	Area Program Managers' Conference
103)	Oct.	Area Directors' Conference
104)	March	Area Directors' Conference
105)	June	Family Resource Conference
106)	June	Area Directors' Conference

PERSONAL DEVELOPMENT WORKSHOPS

107)	12/2/87	Health Issues: Smoking Cessation - Central & Region VI
108)	3/15/88	Health Issues: Smoking Cessation - Region V
109)	3/22/88	Health Issues: Smoking Cessation - Regions I and II
110)	4/21/88	Health Issues: Smoking Cessation - Region III
111)	5/5/88	Health Issues: Smoking Cessation - Region V
112)	5/17/88	Financial Planning

Office for Professional Services



The Office for Professional Services (OPS) is responsible for the development of policy and casework procedures, establishment of professional service standards for the delivery of both direct and contracted services, the evaluation and analysis of existing programs and services to determine their effectiveness in meeting consumer needs, and planning and design of new and improved social services. Staff activities in OPS have immediate and long-range importance to the successful operation of the Department.

In meeting its objectives, OPS staff seek to establish strong partnerships with other individuals and groups concerned with the delivery of social services: provider agencies, local, state and federal agencies, boards, councils, advocates and the courts. Such partnerships serve to strengthen the delivery of services through increased sharing of information and resources and the development of coordinated efforts to improve and expand programs.

OPS currently consists of four units: Case Practice and Policy; Day Care Services; Research, Evaluation and Planning; and Case Investigations and Fair Hearings. While each unit has unique responsibilities, all are interrelated such that the functions of one impact the activities and outcomes of the others. The primary focus of the office is to promote the development and use of an array of purchased and direct social services for the strengthening of family life and providing for the welfare of children and adolescents.

Case Practice/Policy Unit

The primary function of the Case Practice Unit is to develop the Department's policies, procedures, and documentation standards related to generic casework functions. The Case Practice Unit was responsible for the development, distribution and implementation of the CASE PRACTICE POLICY AND PROCEDURES MANUAL and continues to be responsible for updating and revisions as current issues require.

Major activities include:

- o monitoring of all referrals to the District Attorney and production of a monthly statistical tracking report;
- o development, implementation and ongoing supply of the Department's case record;
- o development of standards for service delivery; and
- o provision of technical assistance to contracting staff; service coordinators and providers;

The Policy Unit is responsible for policy development and program planning related to important interagency issues such as minority issues, refugee services, health care, teen parents, developmentally disabled and Turning 22. The Policy Unit anticipates trends to ensure that the Department is prepared to handle new problems and to serve the special needs of different populations.

Major activities include:

- o translation of the Department's forms and documents into ten languages;
- o support to the development of culture-specific training workshops;
- o assist with the recruitment of minority foster homes and minority staff;
- o development and dissemination of materials and techniques for promoting appropriate service resource delivery and utilization (i.e., workshops, training activities, pamphlets, manuals, video recordings, etc.);
- o development of contracting materials to document and evaluate proposed and operational service resource programs;
- o development and maintenance of information regarding delivery and utilization in automated and manual systems; and
- o analysis and reporting of service delivery activities and programs.

Day Care Unit

The major responsibility of this unit is the development of standards of practice, policies and procedures for the delivery of voucher and contracted day care services. In this role the unit coordinates all programmatic aspects of the day care system in order to ensure compliance with purchasing standards and the effective program operation of voucher management agencies and day care providers from whom the Department purchases approximately 13,850 basic, 4,100 supportive, 300 teen parent, and 11,500 voucher day care slots.

Major activities include:

- o a Day Care Report consisting of the Department's sliding fee scale historical overview, an analysis of income and fees, and a survey of parents utilizing work related day care and private tuition payer's income levels;
- o participate on the Governor's Day Care Partnership Project initiatives including salary upgrade, operational cost increases, resource development, slot expansion, supportive day care upgrade, EOCD/Department collaboration and teen parent day care;
- o participation on the legislatively mandated OFC affordability subcommittee to make recommendations about the expenditure of the affordability funds and to examine longer range solutions;
- o the development of a contractual model and service narrative for the open bid of teen parent and voucher day care services; and
- o the development of policies, procedures, and arguments for this operation of the voucher program in cooperation with the Department of Public Welfare.

Research, Evaluation and Planning Unit

The primary purpose of this unit is to collect, analyze and disseminate information to ensure the delivery of qualitative services. The major functions include:

- o non-budgetary planning activities such as needs assessment, design of area/regional program planning, and development of client/service 'profiles';
- o completion of several evaluations each year of specific programs or services;
- o comprehensive research which includes monitoring, reporting, and large scale analysis of the ASSIST system data base; and
- o conducting needs assessment activity on an annual basis.

Major activities include:

- o the MONTHLY REPORT, the MONTHLY MANAGEMENT INDICATORS, the SEMI-ANNUAL REPORT ON CONSUMER POPULATIONS, and annual reports on CHILD ABUSE AND NEGLECT STATISTICS and ADOPTION STATISTICS;
- o annual production of the Needs Assessment Resources;
- o evaluations of the sexual abuse treatment programs for which the Department contracts, the Department's Guardianship Program, and foster parents' roles and reactions to the specialized foster care programs (PACT);
- o an analysis of CHINS cases, protective cases, and foster care cases; and
- o completion of a recent day care evaluation concerning the adequacy and fairness of the sliding fee scale and an analysis of consumer satisfaction, as well as a current evaluation of the infant-toddler protective day care program.

Case Investigation/Fair Hearings Unit

The purpose of this Unit is to conduct formal reviews of questionable practices or actions in a particular office, or areas of confusion which need to be clarified in future regulations and/or policies. These issues and problems are made known after a thorough review of circumstances in the case. The unit has been able to identify important practice issues and recommend needed procedural and policy changes.

The Case Investigation Unit (CIU) conducts internal reviews of all Department cases where a child in the custody of the Department or known to the Department has died.

The Fair Hearings process is an informal administrative action designed to ensure that the Department follows its own regulations and policies, and that if there are no applicable regulations or policies, the Department acted reasonably. The process gives a consumer the opportunity to dispute certain Department actions or decisions.

Office of Public Affairs

The Department of Social Services' Office of Public Affairs (OPA) is responsible for the coordination and implementation of all media and public information activities for the Commissioner's Office and the Department's six (6) Regional and forty (40) Area Offices.

The Director of the OPA functions as the chief spokesperson to the media for the Commissioner and the Department's Regional and Area Offices. The OPA also routinely responds to all media and public information inquiries; designs, prints and distributes agency public information/education materials including the Annual Report, the Department's information package, Foster Care Recruitment materials, Child Abuse and Neglect brochures and an Adolescent Issues brochure.

The OPA is further responsible for the publication and distribution of the Professional Parent, a quarterly newsletter for foster parents and the DSS Update a monthly newsletter for Department employees.

During FY86 and FY87 the Department initiated a statewide foster care recruitment campaign. The OPA was responsible for the implementation and coordination of the campaign. Specifically, the OPA developed the campaign logo, Our Commonwealth, and subsequently developed and distributed recruitment materials designed to create a fresh and positive image of the Commonwealth's foster care system. Specific materials developed include the following:

- The Professional Parent newsletter
- T-shirts
- Canvas Bags
- Bumper Stickers
- Bookmarks
- Foster Parent Appreciation Calendar
- Recruitment Brochure
- Keychains
- Magnets
- Balloons
- Appreciation Certificates

The OPA also coordinated community, civic, and religious group support and participation in the campaign. In September, 1988, the Department initiated a major new recruitment effort entitled: "One School, One Child". This campaign will involve over 300 school systems throughout the Commonwealth. Our goal will be to recruit foster homes for local children enabling them to remain in their community.

While the Office of Public Affairs will continue its efforts to support the foster care system, we will additionally seek to initiate a more encompassing, pro-active media strategy highlighting other agency initiatives. These initiatives, which have received little or no media attention, will include adolescent services (specifically the Adolescent Networks), adoption, specialized foster care (P.A.C.T.), and day care.

The Department of Social Services is often misrepresented by the media and subsequently, misunderstood by the public. Our efforts will continue, throughout the year, to create a better understanding of the Department's mission and mandate and the exemplary services we provide to the Commonwealth's children and families in need.

Department of Social Service wins second national award for foster care system

WASHINGTON, D.C. — Secretary of Human Services Philip W. Johnston today accepted the American Public Welfare Association Successful Projects Initiative Award, in the "Innovations in Management" category, for the Massachusetts Department of Social Services Foster Parent Recruitment Campaign. Secretary Johnston was joined by Department of Social Services Assistant Commissioner James Bell and Foster Care Recruitment Specialist Saf Lerman.

Chosen from over 160 applicants, DSS was recognized for its innovative campaign to recruit qualified foster parents, which results in more foster homes and shorter foster care stays. Since the program began a year and a half ago, DSS has received 5,300 inquiries from prospective foster parents. APWA singled out DSS for its strong commitment to some of the state's most needy children.

"Massachusetts' Foster Parent Recruitment Campaign is an important program that is helping some of our most needy children get the best care we can offer them. It has helped the Commonwealth attract concerned, qualified people into our foster care system. It has also helped us stress how important and valuable foster families are to our human services system," Johnston said.

Last April, DSS was named "State Agency of the Year" by the National Foster Parent Association.

Upon hearing the news of the APWA Award, DSS Commissioner Marie A. Matava said, "This is phenomenal, our foster care system winning national recognition two years in a row. This is evidence that we have achieved a unique, strong partnership between DSS, foster parents and biological parents that has enabled our foster care system to reach outstanding dimensions of high quality and provide the best temporary care possible for foster children."

In his letter notifying DSS of its award, A. Sidney Johnson III, executive director of APWA, called Massachusetts' Foster Parent Recruitment Campaign "one of the best public human services programs in the country."

The foster parent recruitment campaign includes initiatives in six areas: foster care recruitment/education material development, media outreach, community outreach, recruitment/appreciation events, pre- and in-service training for foster parents and the

Stations Air Foster Care PSA's

Two new television Public Service Announcements on foster parent recruitment are being aired over the next few months by WCVB TV, WSBK TV, and WLVI TV. These feature Pete Brock, New England Patriots player, who is also a foster parent for the Department. Copies of these will be sent to each Foster Care Coordinator to be used by Regional and Area Offices in their ongoing recruitment efforts. The Department very much appreciates Mr. Brock's help with this recruitment and public awareness effort. ■

New Library Opens

The Family Resource Library, located at DSS Central Office, opened on May 1, 1988. Designed for foster and adoptive parents, the library offers books about child development, effective parenting, legal issues, among other subjects.

If you would like to borrow a book, simply complete and sign an order form and mail it to: Mary Boatswain, Librarian, Department of Social Services, 150 Causeway St., Boston, MA 02114. She will see that the book is mailed to you with a postage paid envelope for free, convenient return.

Lt. Governor Evelyn Murphy (center) signs "Social Work Proclamation" on February 26, 1988 at State House

Social Workers Honored

By Donna McCoy-Algere, OPA

"Who Cares? Social Workers Do!" was the message on buttons worn by Department Social Workers and other staff at the reception honoring social workers at Central Office March 4th. The event, sponsored by Commissioner Matava and the Office for Professional Services, was the kick-off to an entire month dedicated to Social Workers. Each Area Office [illegible] as Social Work Month with [illegible] events.

DSS social workers stating, "There are over 1,600 social workers statewide servicing families in every community. You have been there to help those who, in many cases, have had very difficult beginnings. Only with your effort and expertise can the Department continue to provide quality family services to those who are truly in need."

Commissioner Matava expressed her [illegible]

MAPFC'S 2nd Annual Conference

New Visions In Foster Care

[illegible] HEARD IT THROUGH THE GRAPEVINE [illegible] information [illegible] exchange with parents sharing and sharing of information over two-hundred-fifty foster parents social workers and administrators from public and private agencies joined the Friday Evening Banquet and Workshops, or both. Mat[illegible] Commissioner of [illegible]

Ron & Peggy Floridia. May 7th honored foster parents.

The Floridia's Door Is Still Open

By Maria Barbuto

FRAMINGHAM – The Floridia's six-bedroom stone house – where "every room's a playroom" – sports toys in each corner, two [illegible] in what was once a dining room, and a [illegible] with photos and portraits of [illegible] who have lived there [illegible] up in the morning

Confidentiality Agreements Completed

More than half of the DSS Area Directors have met with their designated Foster Parent Liaisonist to sign the Confidentiality Agreements which were then forwarded for further signature of a MAPFC representative and DSS Commissioner Matava. This seems to

A Home Where Love Never Takes A Holiday

By Doreen E. Iudica

MALDEN – The sweet, familiar smell of roasting turkey, baked potatoes, stuffing and corn wafted through the air and whetted the appetite as soon as the door opened.

The warmth of the big house and all its inhabitants offered a welcoming greeting.

But there was something else inviting about the Simonelli residence, something that thrives in this home and animates all who dwell there: the spirit of giving.

Representative Hosts Show on Foster Care

By Robert Burns
Family Resource Staff
Blackstone Valley Area Office

On January 8, 1988, State Representative Marie J. Parente hosted a program "State House Review" on **KBL TV13**, a local cable station in Milford, MA. Her guests were DSS Commissioner Marie A. Matava and Robert Burns, Homefinder in the Blackstone Valley Area Office. Arranged by Representative Parente's office, the one hour program was designed to provide information regarding foster care and promote a positive image of foster parenting.

As a former foster child, Representative Parente has a first hand knowledge of the positive effect foster care can have on a person's life. She has made a commitment to enhancing the foster care experience.

MASSACHUSETTS
DEPARTMENT OF SOCIAL SERVICES
MARIE A. MATAVA, COMMISSIONER

AMERICAN PUBLIC WELFARE ASSOCIATION
SUCCESSFUL PROJECTS INITIATIVE AWARD
1988

NATIONAL FOSTER PARENT ASSOCIATION
STATE AGENCY OF THE YEAR AWARD
1987

Massachusetts Model Spurs National Interest

[illegible] since receiving two awards from the National Foster Parent Association and the American Public Welfare Association giving us national recognition for our foster care program. The Massachusetts Department of Social Services has received numerous letters and calls from over 25 other states, from San Diego to Alaska, from Milwaukee to Nebraska, no poem intended, agencies are expressing interest in learning more about what we are doing regarding the many different aspects of our foster care program. Several states have sent representatives to visit Central Office where they spent time with Central Office staff from various units exploring our approach.

These other programs have wanted to learn more about us including: MAPP, PACT, respite, foster care review, recruitment policy, and about the Massachusetts Association for Professional Foster Care, including our new liaison network.

While we continue to strive to keep on improving our foster care system, we can also be proud of our accomplishments. It is a privilege to share information with others.

Our Thanks To You!

The following organizations made generous donations to be used to honor foster parents at the Commissioner's Third Annual Foster Parent Recognition Awards raffle. We wish to wholeheartedly thank each of them for joining with us in paying tribute to the 1988 Foster Parent All-Star Team and for recognizing May 1988, as Foster Parent Month in Massachusetts. Your participation has helped to recognize foster parents for the important services they provide.

- Ye Olde Union Oyster House, Boston
- Kappy's Liquors, Everett
- Holiday Inn, Somerville
- Boston Red Sox
- Filene's, Boston
- Hyatt Regency Cambridge
- Embassy Suites Hotel, Boston
- Royal Sonesta Hotel, Cambridge
- The Charles Hotel, Cambridge
- The Boston Park Plaza Hotel & Towers
- Friendly Ice Cream Corporation, Wilbraham
- Garber Travel, Brookline
- Anthony's Fine Restaurants, Boston
- Boston Marriott, Copley Place
- Sheraton Commander Hotel, Cambridge
- Bloomingdales, Chestnut Hill
- Jordan Marsh, Boston
- Old Sturbridge Village, Sturbridge
- Plimoth Plantation, Plymouth
- Four Seasons Hotel, Boston
- Sheraton Tara, Framingham

Su Apoyo Ayuda a los Adolescentes

Escrito por: Saf Lerman
Traducido por: Sonia Bettez

Los adolescentes pasan por cambios muy rapidos de indole fisica, emocional, intelectual, psicologica y social, todos al mismo tiempo. Es muy dificil para ellos tener que lidiar con todos estos cambios. Es tambien un largo proceso para los jóvenes el decidir quienes son ellos y definir en que clase de personas se quieren convertir

3rd Annual Foster Parent Recognition Day

May is a very special month in Massachusetts, a time designated by Governor Dukakis as Foster Parent Recognition Month. In this spirit, Department of Social Services Area and Regional Offices held many local events—from picnics to formal dinner dances—to honor and appreciate foster parents for their tremendous service to children and families.

On Saturday, May 7, the Commissioner's Third Annual Foster Parent Recognition Awards Ceremony honored outstanding foster parents statewide at a very moving event held at the Sheraton Tara Hotel in Framingham—a highlight of May's activities. Fifty-five foster families were chosen to receive awards. For the first time, foster parents from private child welfare agencies were honored along with Department foster parents.

Commissioner Matava and Human Services Secretary Philip W. Johnston, welcomed all present and paid tribute [illegible]

State's Department of Social Services honors 55 outstanding foster families

Fifty-five outstanding foster families from across the Commonwealth will be honored by the Massachusetts Department of Social Services at their Third Annual Foster Parent Recognition Awards Event. This celebration will be held on May 7, at the Sheraton Tara Hotel in Framingham and will be hosted by Dave Madsen, Springfield's WWLP-TV22 Newsanchor and Today's Child program host. Madsen will join Department of Social Services Commissioner Marie A. Matava to recognize foster families for the tremendous service they provide troubled children and families throughout the Commonwealth.

For the first time, there will be foster parents honored from private agencies along with the Department's foster parents. The 55 foster families receiving awards were chosen out of approximately 5,000 foster families statewide.

The Department of Social Services works in a close professional partnership with its foster parents. For two years in a row, the Department received national renown for the quality of its foster care system. In 1987, the Department was named 'State Agency of the Year' by the National Foster Parent Association. On February 25, the Department received the American Public Welfare Association Successful Projects Initiative Award.

"A high quality system is the result of staff and parents working together, and we should all be proud of these national awards. They reflect the hard work we have all done together and the premium we have placed on caring for children," explained Human Services Secretary, Philip W. Johnston.

Commissioner Matava commented, "This acclaim could never have been achieved without the outstanding dedication, commitment, professionalism, and hard work on the part of each and every foster family throughout our Commonwealth. This is a time set aside to honor not only the foster parents receiving the awards, but all of the Department's foster parents."

Neglected child, 8, needs friendly home

This is a weekly column that describes children who need homes. The information is prepared by the Department of Social Services or a private child-care agency. Certain facts are changed to protect the child.

Ann Marie is a friendly, petite, 8-year-old, white female with sandy blonde hair and beautiful blue eyes. She has unfortunately experienced some neglect by her family and therefore short-term placement is necessary to provide effective training and support for her family.

Ann Marie is saddened by her separation from her family, yet she has expressed a desire for conditions to be better at home. The youngest in a large family, she interacts well with other children.

Ann Marie loves to fingerpaint, play with her dolls, read fairy tales, play checkers and bake cookies.

She really needs someone who could offer her a home which is friendly, consistent and supportive in structure.

If you have room in your home and your heart for Ann Marie, please call Carolyn M. Hurley, Quincy Department of Social Services, 773-8920. Comprehensive training, support, limited financial reimbursement and medical coverage is available to foster families.

A CHILD IN NEED

this week's child: Ann Marie

Lynn Children Cheer Home Teams!

By Claudia Bradv, Lynn Area Office

Over the Patriot's Day weekend, the Lynn Area Office had the opportunity of attending several sporting events. One was a day with the Red Sox on April 16, 1988.

The second event took place on April [illegible], 1988, Patriot's Day when workers, foster parents and children attended [illegible] office at Hillanic College in Brookline.

The third event was on April 20th – A Celtics game at the Boston Garden. Workers, foster parents and foster children had the pleasure of watching the Celtics win a game

Commissioner Marava and Secretary Johnston accept the 1986 donation from Walter Devecka President and Frank Sousa Chairman of the MA Wholesalers of Malt Beverages

Over One-Quarter Million For Holiday Toys

Innovative Pre-Service Training for Prospective Foster and Adoptive Parents

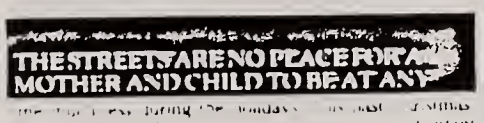
Sol Lerman with Julie Sweeney-Springwater

The Massachusetts Approach to Partnerships in Parenting (MAPP) is a joint preparation and assessment process for prospective foster and adoptive parents developed by the Department of Social

THE MIRACLE WORKER

Fitchburg's Annie DeMartino helps the poor find hope, dignity and homes

BY HEIDI LAFLECHE



Athletic youngster, 7, has strengths, needs

This is a weekly column describing children who need a home with a foster family. The information is prepared by the state Department of Social Services or a private child-care agency. Certain facts are changed to protect the child.

Zachary is an athletic, sensitive withdrawn 7-year old white

lonely little boy with lots
few friends. Zachary
hirts of his family

his life are
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Foster Homes Much Needed For Teen-aged

SOC SVC.

By JANET L. DAVENPORT

A crunch in adolescent resources in Springfield is making it increasingly difficult to provide teenagers with foster care services, according to state social workers.

Department of Social Services Supervisor Andrea Bartolo said yesterday foster care resources for children, ages 12 to 18, are ing up

taking them out of a volatile situation, she said

Bartolo said sometimes parents have a different expectations of teen c she said they are rep the general popu of the same ems as a

Ter

Program Targets Domestic Violence

By CAROL MALLEY

A pilot program to deal with domestic violence, which affects at least 9,000 people a year in and round Springfield, was announced day

City Council President William y said that

that plaintiffs are charging that police have not provided adequate protection against domestic violence.

Foley said the 9,000 cases are the number of petitions filed in Springfield District Court by spouses seeking

reported to the Springfield office per month. He said that this is the highest rate in the state. And, he said, that child abusers are often also spouse abusers.

Miller said the st

allow a lot
treated

Training foster parents pays off

number of troubled children, and their equally tormented pa being helped by

The Evening Gazette
TODAY: FAMILY

Foster family offers home to disabled children

Their choice is determined by love and a desire to help

Children are waiting for a foster home

Join the Hometeam!

The Hometeam Needs Players!

1-800-345-4343

Foster Care Agency Gets Its License

WEBSTER – The state Department of Social Services South Central Area Office was licensed as a foster care placement agency yesterday.

State Office for Children Director Mary Kay Leonard presented a framed "public approval" certificate to DSS Acting Director Christine Millette. The certificate "represents official acknowledgement ... this office has met the same standards required by the Office for Children of the state's private placement agencies," said Ms. Leonard. "It points up Massachusetts' commitment to improve

L-R Mary Kay Leonard, Senator William Keating, Commissioner Mariava and John Riordan, Norwood Area Director

DSS approved as foster care agency

The Massachusetts Office for Children (OFC) has approved the state Department of Social Services (DSS) Danvers Salem area as a foster care placement agency. The area office at 209 Essex St. serves the communities of Danvers, Marblehead, Middleton, Peabody and Salem.

Volunteer Case Reviewers Needed

The Foster Care Review Unit of the State Department of Social Services is seeking Volunteer Case Reviewers. The Volunteers participate on a three-member panel reviewing the cases of families who have a child placed in foster or residential care. Volunteers receive training and a stipend, and usually participate in two one-hour long case reviews each month. Call [illegible] 0900 x 337 or x 513 and ask for Laura Foster of Jane Eisenstark.

OFC Licenses Thirteen DSS Area Offices

With Many More to Follow

Fair for Foster Care to be held May 27

QUINCY – On Wednesday, May 27 at 7:30 p.m. at Woodward School for Girls, 1102 Hancock Street, Quincy, the Second Annual Spring Fair For Foster Care will be held.

[illegible] free informational meeting [illegible] the public to participate in [illegible] assisted in their work with [illegible] professional social work[illegible]

The four spon[illegible] Spring F[illegible] Bo[illegible]

Program to offer tips to teen-age parents

By Stephen Thompson

MILFORD – Teen-agers [illegible] children will be given a hand with toilet-training, feeding and other parental duties this summer in a pilot program designed to keep young parents in school.

A four week course [illegible] meet[illegible] [illegible]

Public Relations - Sue Dondiego

347 Seneca Avenue, Middlesex, NJ 08846

201) 356 0667

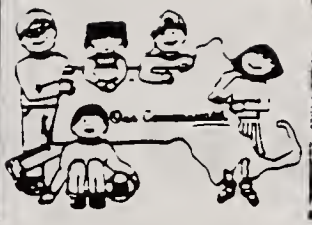
[illegible]

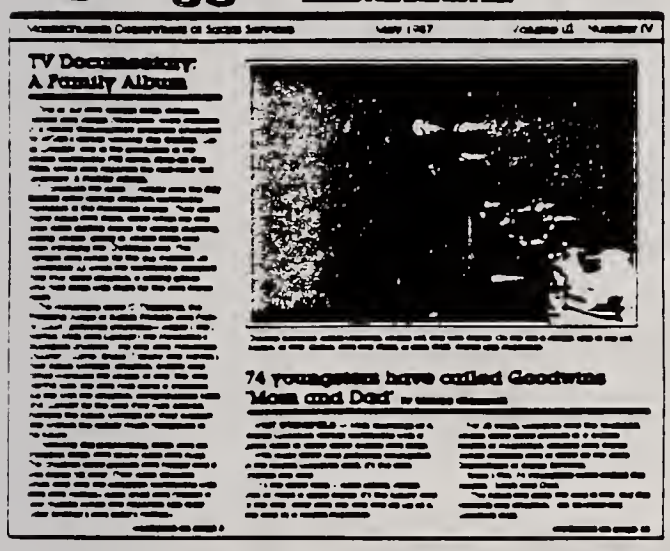
LATE NEWS

DSS Wins National Foster Care Award

Spotlight on DSS

The Massachusetts Association [illegible] Foster Care [illegible] the Massachusetts [illegible]



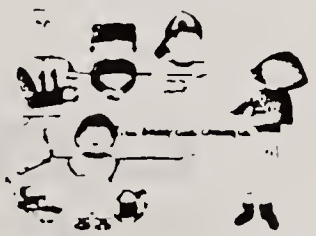

TV Documentary:
A Family Album

74 youngsters have called Goodwins
'Mom and Dad'

Professional
Parenting
Family Resource
Program

ADOLESCENT
SERVICES
Questions
And
Answers

1-800-345-4343



Hãy Nhập Hội những
Cha mẹ nuôi

Chuong Tôi Cam Su Giup Đỡ Cua Quy Vị

1-800-345-4343

VALUABLE COUPON

In honor of
Foster Parent's Appreciation Month
The Children's Museum
will
Admit—A—Family
FREE
June 1—30, 1987

VALUABLE COUPON

Conference set on child abuse

LYNN— District Attorney

Foster parents series set

BLACKSTONE VALLEY — The Blackstone Valley Department of Social Services will be providing a training series for prospective foster parents on Mondays, 7-9:30 p.m., fr... 22 - Nov ...

children between the ages of newborn and 18-years-old.

The training Massachusetts ...

tending the training series or who would simply some additional ...

State to fund program for day care

$250,000 to help 150 families; state to study assistance issue

Program to address sexual abuse in young children

By IRMARIE JONES
Recorder Staff

GREENFIELD — Area parents and child-care providers of preschool children are invited to a special parents' program as part of a new effort to reach very young chil... to protect them fro...

from the Franklin County ... the MSPCC, will be pre... meetings to answer ... the parents ... "We know ... child se...

Parents helped to talk about child abuse

Help for parents worried over talking to their children about sexual abuse is included in new information packets available at the Lawrence office of the Department of Social Services.

Preventing Child Sexual Abuse A Guide for Parents gives parents ideas for talking about this sensitive subject at home.

It's a new guideline for parents, said Julia Hardin, area direc... It shows them how to ... children feel saf...

Social Services Offers Child Abuse Brochure

SOCIAL SERV

Nancy J. Driscoll, Gardner area director for the Mass. Department of Social Services, announces that a new brochure, "Preventing Child Sexual Abuse. A Guide For Parents," is available from her office.

The brochure gives parents suggestions for talking with their children about personal safety. It includes the concepts of private areas; good touch confusing touch, and bad touch, happy secrets and unhappy secrets, and the three steps of No—Go—Tell

talk with their parents about questions and problems."

Department of Social Services Commissioner Mr... Malava adds: "I think pa... will find this brochure ... helpful guide. The ... preventing ... conun...

Mothering for mothers

Cushing Center helps teen moms get a new start

by Christine Guilfoy

Mildred Cruz was 17 and pregnant with her second child when somebody told her about the South End's Cardinal Cushing Center for the Spanish Speaking. It was 1984. Cruz had come from her native Puerto Rico the year before, could not ... English, and had not completed ... hool.

Located at 1375 Washington St. near the Cathedral of the Holy Cross, the Cushing Center has served the area's Hispanic population for the past thirty years (see story below). Cruz is one of 500 low-income teenagers who have gone through its seven-year-old program for pregnant teens. One of five such programs in a national demonstration project, the Cush...

go back to school or gain employment than young women who did not have the service. Yet the demonstration ended center director Rosanna Rodriguez said because the federal government withdrew its funding.

Fortunately for the center ... and the hundreds of women and children who have since gone through the program, ... the state Department of Social Services ... which was running similar programs ... picked up the tab ...

DSS receives foster care approval

By JUDY BERNSTEIN
Staff writer

PLYMOUTH — The foster child placement program of the Plymouth Department of Social Services was officially approved by the state last week.

The state Office for Children has licensed private agencies for years ... it is now approving public ...

Plymouth office meets the same standards as private agencies.

The state reviewed records and interviewed foster parents and staff to see if the DSS program met the criteria, which included good training of parents and staff by the department, placement of the proper number of children ... home, and ...

Office of Special Projects

Over the last several years the Department of Social Services has worked diligently to improve the quality of services to the children and families of the Commonwealth. In so doing, we have become increasingly aware of the need for the Department to be both creative and resourceful in response to the changing needs of the families we serve. The success of such initiatives as the MAPP (Massachusetts Approach to Partnerships in Parenting) program has been contingent upon an awareness of innovative programming and a willingness to experiment with such models. In large part better services, requires a sound knowledge of services, and an awareness of national trends and new initiatives. Within the public sector better services also requires a willingness to reassess and sometimes throw away old methodologies, and to bend the sometimes rigid structure of the bureaucracy.

The Office of Special Projects was created in July, 1987 in response to these needs. The Office works cooperatively with staff, foster parents, community groups, public and private providers, national experts and others in developing responsive approaches to service needs. Some of these efforts include:

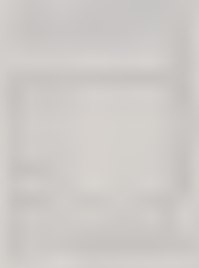
Supplemental Reimbursement/PACT

The Office for Special Projects worked with staff and foster to implement a new statewide payment program. The Supplemental Reimbursement program, which began in September, 1987 allows foster parents to be reimbursed for exceptional yet essential out-of-pocket costs incurred by foster parents on behalf of their foster child(ren). The PACT (Parents and Children Together) program provides for reimbursement at $7.50 per hour for services designed to address identified needs and defined goals in the child's service plan.

During the coming months the unit will be working to refine the PACT program to better meet the needs of AIDS, terminally ill and other intensively medically needy children.

Foster Parent Library

A Statewide Foster Parent Library was created in the spring of 1988. The library contains video materials, handbooks, guides, and other literature on subject related to foster and adoptive parenting. Resource materials available cover issues related to separation and loss, sexual abuse, parenting, adoption, team building, adolescents, etc.



The Family Life Center

The Department of Social Services Family Life Center officially opened in October, 1988 to provide services to multi-problem families. Through the Center's multi-disciplinary team approach, DSS Area social workers can request consultation, coordination, comprehensive assessment, and/or short term intensive home based intervention for their neediest families. Services are provided by a team of highly skilled professionals including social workers, physicians, nurses, attorneys, psychologists, and legal counsel. The Family Life Center provides:

- o Intensive intervention services to prevent placement.
- o Intensive transition services to reunite families.
- o Placement and permanency planning assessment services.
- o Intensive assessment and intervention services to multi-problem families.

Adolescent Networks/MBE Project

The Office of Special Projects is entering the second year, in this project to develop Minority Business Enterprise capacity to provide community residential care services to troubled adolescents. During the first year ten MBE agencies were identified to participate in the Adolescent Network Project. The unit is now working with the Human Resource Center to identify and address agency specific technical assistance needs.

Preparing Adolescents for Young Adulthood

The PAYA initiative began in 1987 in an effort to develop a comprehensive program of service provision for adolescents preparing for young adulthood. Through the first year of this initiative the Department along with the Judge Baker Children's Center, developed a comprehensive curriculum and assessment tool to train social workers and foster parents working with youth. During this coming year the Department will continue training and project implementation throughout the state.

Lawrence Futures

The Lawrence Futures project began in 1987 when the City of Lawrence received a planning grant to develop a collaborative effort to provide services to high risk middle school students in the Lawrence school system. This effort has involved state and local agencies, private organizations, and local business and resulted in receipt of multi-year funding of the project by the Annie B. Casey Foundation. DSS has played key role in coordinating an inter-agency case management system for multiproblem children and families served through the project.

During the coming fiscal year the Office of Special Projects will be involved in the following efforts:

Child Care Aids Network - a 17 month federal grant to recruit and train, foster care and respite resources for children with HIV infection.

Adolescent Shelter/Health Care Project - an interagency effort to link health care and adolescent emergency shelter providers to improve the quality of health care services for high risk youth.

Foster Parent After Hours Support - a collaborative effort to identify the after hours and emergency support needs of children in care.

Family Resource Information Project - an effort to enhance existing systems to provide staff and families with information which will enhance our capacity to share foster and adoptive family resource information.

SUPPLEMENTAL REIMBURSEMENT

Given the variety of special service needs of children in foster care, the Department has implemented, statewide, the Supplemental Reimbursement System to compensate foster parents for the extraordinary expenses they may incur and the specialized services they may provide in addition to basic care and supervision. Supplemental Reimbursement includes two categories of reimbursement:

° **Extraordinary/Out-of-Pocket Expenses**

The exceptional yet essential out-of-pocket costs incurred by foster parents on behalf of their foster children are reimbursable via this category. Such expenses may include medication/medical supplies not covered by Medicaid; extraordinary/excessive transportation costs to and from child's doctor or biological family; fees for YMCA/YWCA memberships, swimming classes, etc.

° **P.A.C.T. (Parents and Children Together)**

This specialized foster care program supports foster parents in their delivery of planned, specialized services to children in foster care.

The program provides a structured system for recognizing and reimbursing foster parents for the specialized services/tasks they perform to address the identified needs in a child's service plan.

Fundamental to the P.A.C.T. Program is the cooperative participation of all members of the P.A.C.T. Team, the social worker, foster parent and family resource worker, who utilize their skills in the development of an agreement to guide the delivery of specialized services to children. The P.A.C.T. Agreement identifies the child's service need and describes how the specialized service(s) to be delivered by the foster parent will meet these needs and facilitate the acheivement of the service plan goals.

Some of the P.A.C.T. services our foster parents are providing include:

- teaching an adolescent mother the basic skills of parenting (feeding, diapering, bathing infant);

- providing medical support services as directed by physician, i.e., feeding via a gastro-intestinal tube, administration of oxygen, implementation of range of motion exercises;

- supervising visitation between foster children and their biological parents and providing documentation of the visits (observation of the interaction between the parents and children, the length of visit, activity, etc.) to the social worker.

Ongoing training and support is provided to foster parents by the family resource unit. In addition, the monthly P.A.C.T. meetings of all Team members provide the structure for the review of the services and goals as well as a mechanism to facilitate the essential communication among Team members.

Office of External Relations

The Office of External Relations serves as the Department's liaison with agencies and groups outside of DSS. Under the leadership of the Director, this office: generates all federal revenue; provides technical assistance to the area boards; provides assistance and outreach to groups and organizations working with adolescents; assist consumers and foster/adoptive parents in the resolution of their issues and concerns; and, tracks, monitors and develops positions on pertinent State and Federal Legislation. There are four units under the Director's Office.

I. CONSUMER ACTION

* Addresses and/or resolves issues and concerns on:
  - the reporting process of child abuse and neglect (51A)
  - the investigation process (51B)
  - the appeals process (Right to a Fair Hearing)
  - requirements of prospective foster/adoptive parents
  - service delivery to adolescents regarding cost sharing of residential placement
  - payment problems to foster/adoptive parents (Payment Assistance Line (PAL))

II. CITIZEN BOARD DEVELOPMENT

* Provides technical assistance to the Department's forty (40) Area Boards (600 plus community representatives who advise the Commissioner).

* Professionally staff, design and implement Statewide Area Board Conference meetings, Steering Council meetings and Legislative Committee meetings.

* Performs community outreach for the purpose of recruiting one foster family and one foster care volunteer case reviewer from each Area Board catchment.

* Design, implement and monitor compliance of area board bank account procedures.

III. LEGISLATIVE AFFAIRS

* Develops DSS position on all Human Services Legislation.

* Marshals, supports and tracks priority bills.

* Advises and informs legislators and appropriate agencies of the Department's position on proposed legislative amendments.

* Coordinates testimony to be given before legislative committees.

* Responds to legislators' inquiries regarding DSS programs, policies, and service delivery.

IV. REVENUE

* Maximizes all available Federal Revenue.

- Maintain annual grants and submit annual and quarterly fiscal and programmatic reports to appropriate federal agency for:

Social Services Block Grant	$64,000,000
Child Welfare Services (Title IV-B Grant)	4,800,000
Child Abuse and Neglect Prevention	200,000
Family Violence Prevention	158,000
Sexual Abuse Treatment Outcomes	143,150
Children's Justice Act Grants	300,000

* Generate Claims for Federal reimbursement through Title IV-E Foster Care and Adoption Assistance Program.

* Receives $400,000 annually for Independent Living Programs.

* Applies for additional grants as announced in the Federal Register.

Outstanding Issues

ADOLESCENT SERVICES

AIDS

DAY CARE SERVICES

FOSTER CARE SERVICES

HOMELESS FAMILIES

PROTECTIVE SERVICES/ EARLY INTERVENTION

Adolescent Services

A major DSS initiative for adolescents and their families continues to focus on expanding resources to address the following:

- 72% of DSS adolescents live at home and receive with their families a network of support services.

- 28% of DSS adolescent clients receive placement services.

- Goal of services is to work with families to provide adolescents with the skills for young adulthood. Services are often sought at a time of intense family conflict and crisis. The largest concentration of families voluntarily seeking DSS services are families with adolescents.

Current DSS resources support a continuum of services which include:

- Early identification and increased availability of support services such as: crisis intervention, family mediation, parenting education, outreach and tracking, transition to independent living, drug and alcohol treatment, sexual abuse treatment, family counseling, supported employment, and recreation programs to prevent placement of adolescents and strengthen the family system.

- Placement services for adolescents are most often short-term (less than 18 months) and in an alternative family setting. P.A.C.T. Programs or Specialized Adolescent Foster Care programs are most effective in achieving increased parental confidence and skill and a quicker return home for the adolescent.

- The Community Residential or Group Care services generally include adolescents in three groups: 36% MR/Multiply Handicapped; 41% Seriously Emotionally Disturbed and without significant family ties; and 23% acting out youth.

- Transition to Independent Living services assist older adolescents and pregnant and parenting adolescents acquire skills to become self-sufficient. These include: household management, education, employment, health care, finances, housing and locating resources in the community. Strengthened and coordinated DSS-LEA-JTPA linkages are essential to give adolescents increased educational and employment opportunities.

- Creation of Adolescent Networks to respond to growing numbers of severely troubled adolescents who exhibit some of the following behaviors: chronic running away, self-abuse, drug and alcohol dependency, prostitution, violent behavior and suicidal gestures. The networks will develop programs such as: Short-Term Staff Secure Diagnostic/Assessment, Staff Secure and Non-Staff Secure Treatment, Time-Out, Specialized Foster Care Tracking, and Transition to Independent Living.

A report, prepared by the Commissioner's Office provides a comprehensive and coordinated plan to continue to build on DSS' progress in adolescent services and to detail future directions for the Agency.

AIDS

The Commonwealth of Massachusetts has had 35 diagnosed cases of pediatric AIDS; 20 of these children have died. The Department interfaces with the majority of pediatric AIDS cases, either through the 51A process or after families have requested services because one or several members are ill with AIDS.

In order to address the complex issues involved with these children and families, the Department has established an AIDS Review Board, the purposes of which are the following:

- To review these children on a "case by case" basis;
- To review requests for testing and placement and other related issues;
- To make recommendations to the Deputy Commissioner regarding these issues;
- To provide continuous updating on the rapidly emerging medical scientific, and legal knowledge;
- To provide assistance to the DSS field in dealing with providers who pose specific problems, i.e. inappropriate exclusion from services;
- To provide direction to the field on dealing with difficult cases, i.e. adolescents who are prostituting; sexual abuse cases; children of IV drug users who have been stuck with their parents needles;
- To approve the enrollment of children in Clinical Trials. The Executive Staff has to date approved two clinical trial protocols for children in DSS care or custody.

Education and some case management responsibilities are carried by the DSS Nursing Staff. Their activities include the following:

- Providing education of DSS staff and foster parents statewide;
- Training foster parents on the necessary precautions prior to placement of an AIDS child;
- Acting as liaison between the Department and the hospitals planning for the admission or discharge of these children;
- Assisting social workers and foster parents in identifying and accessing local resources for medical care and support, i.e. death and dying counseling, VNA, transportation, medical care;

- Working with local pediatricians regarding the health care of these children;

- Preparing cases to be presented to the AIDS Board; and

- Identifying gaps in services, such as the lack of respite for these foster parents.

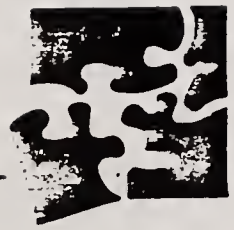
In conclusion, outstanding issues include the following:

- Maintaining confidentiality in order to protect the privacy of the child and to encourage parents to access services.

- Providing some form of respite for parents/foster parents.

- Accessing local resources that will serve children with AIDS and also accept Medicaid.

Foster Care Services



Over the past three years, the Department of Social Services has focused on improving and strengthening its foster care system. There are various components to this system, each of which contributes to a successful program for children and families.

o The Massachusetts Approach to Partnerships in Parenting program (MAPP) is a joint preparation and assessment process for prospective foster and adoptive parents developed by the Department of Social Services and Child Welfare Institute of Atlanta, Georgia. The Department saw a need for this unique need to work together as partners with the agency in permanency planning for children. From the spring of 1985, to September 1988, 2,077 foster parents have completed MAPP training.

o In addition to the innovative MAPP training program, in 1986, the Department initiated a foster parent recruitment campaign. This included media initiatives, community outreach including minority outreach, and the development of a variety of recruitment materials to improve foster care service and delivery and present the public with a consistent, positive image regarding foster care.

o Parents and Children Together (P.A.C.T.) is a statewide specialized foster care project implemented in 1987. P.A.C.T. supports foster parents who are delivering specialized services that will allow reunification of the Department's neediest children in foster care with their families. Through P.A.C.T. the foster parent's role as a professional partner on the team is solidified.

o The Massachusetts Association for Professional Foster Care (MAPFC) is a strong advocate for foster families and works closely with the Department.

o The Department's Family Resource Training Institute offers extensize and exciting in-service training programs for foster and adoptive parents. These efforts via training help to maintain our present foster parents by providing them with improved training, education, and incentive to continue their important job as foster parents. A wide variety of new training courses will continue to be offered.

o The foster parent Reimbursement Rate Increase took effect October 1, 1986. Another rate increase went into effect August 1, 1987 bringing both the daily rate and clothing allowances to USDA levels. The FY'89 budget has seen a 3% cost of living increase in the basic daily reimbursement rate, thus maintaining the USDA standard established with the FY'88 rate increase.

On April 30, 1987, the Department's achievements were honored by the National Foster Parent Association when they presented to us their "State Agency of the Year" award. Each year, NFPA recognizes and honors a state agency for its outstanding commitment, special contributions, and achievements in foster care. In February, 1988, the Department received the American Public Welfare Association (APWA) Successful Projects Initiative Award in the "Innovations in Management" category. Our foster parent training and recruitment program was key to our receiving both top honors. The Department plans to continue its efforts to maintain and expand upon all of the above achievements.

The agenda for foster care at DSS is not completed, however. Several recommendations fram the Secial Commission on Foster Care are left to be done. They include:

- o A continued focus on foster home recruitment.

- o Out-of-pocket expense reimbursement system is currently about 50% implemented; needs to be annualized, the FY'89 appropriation act is "holding" $1.0 million for this purpose. It will be carried as a base item for FY'90.

- o Improved health care to children in foster care by expanding DSS nursing services, this was not carried in FY'89 budget (eliminated by Senate). Currently not in FY'90 base.

- o Providing access to after-hour, weekend and holiday support services for foster parents, the FY'89 appropriation act is "holding" $.4 million for this purpose. It will be carried as a base item for FY'90.

- o Expanding training opportunities for foster parents.

- o Expanding specialized foster care services (PACT and M-PACT) to all areas in the state, the FY'89 appropriation act is "holding" $1.0 million for this purpose. It will be carried as a base item for FY'90.

Day Care Services

In January of 1988, the Voucher Day Care Unit and Contracted Day Care Unit were merged under OPS and a new position was added: Director of Day Care Services. The goal of combining the units was to provide improved integration of subsidized day care services. A Statewide Day Care Advisory Committee composed of providers, advocates, and representatives from other state agencies, was appointed by the Commissioner in the Spring of 1988. There are several subcommittees of the advisory committee which meet regularly with specific goals (i.e. the Contracted Subcommittee is charged with designing an abbreviated proposal format and the Voucher/Contracted Committee is focusing on a voucher conversion policy and how to bring more fiscal and programmatic accountability to voucher programs.

New models of day care, such as day care for children of homeless families, and a new intensive day care and family support model for active protective cases are now in the planning stages. A new partnership program to address the affordability issue is also being explored in the Public Private Partnership Account (4P).

Through some 23 external committees sponsored by such agencies as OFC, EOHS, DOE, DPH, etc., staff from the Day Care Unit participate in influencing policies external to the Department which impact on day care or early childhood education.

The unit provides ongoing technical assistance to Regional Day Care Coordinators and Voucher Management Agencies (VMAs). Similarly VMA and Regional Day Care input is solicited into policy development through a series of regularly scheduled meetings. Voucher staff are preparing for a Voucher Management Agency (VMA) open bid for fiscal year 1990.

The Day Care Unit in FY'89 has implemented a computerized "autho" system to facilitate identification of potential appropriate openings for closed referral cases through the Department. Voucher staff are currently looking at developing a program for voucher reimbursement rates.

Workshops sponsored by the Regions, VMAs and Central Office are being held statewide to develop new potential resources and to encourage non-contracted providers to consider contracting with DSS.

Workshops will be held for DSS employees looking for day care on how to identify appropriate quality programs and how and where to find the programs they are looking for.

Services for Teen Parents and Their Children Standards were further developed in FY'88 and programs were expanded to have a capacity of serving three hundred plus children, parents, and pregnant teens at any one time in FY'89.

From fiscal years 1985 to 1989, Day Care Salaries through the Salary Upgrade Program have increased by 56%. From FY'85 to FY'88, subsidized day care slots increased by 8,500 slots. In FY'89, approximately 29,000 slots will be available at any one time for low income families and families in crisis.

Protective Services/Early Intervention

Historically, the mandate of the agency has been the identification of children in need of protection and the provision of treatment services to support families in meeting the physical and emotional needs of their children. The Department prides itself in the development, over the last several years, of improved procedures to help identify and, once identified, to respond to the needs of those children and their families. Accomplishments in this area include:

* the receipt of 37,766 reports involving 57,484 children during fiscal year 1988;

* the provision of treatment services to 21,821 families involving 67,658 individuals;

* improved protocols for the identification and treatment of those children abused, neglected and/or sexually abused;

* improved capacity to respond with a multi-disciplinary, coordinated approach, particularly for children who have been sexually abused; and

* improved relationships with law enforcement officials and mental health professionals to cooperatively plan and assist victims and their families in the recovery from sexual abuse.

The Department has made significant gains in the identification of children in need of protective services and the treatment of those children and their families. We must maintain that strength as new areas of concern continue to be uncovered. The need for provision of treatment services to families to prevent an incident of abuse or neglect is our next major challenge. Continued exploration of this issue will require that the Department focus on:

* the need to establish early intervention programs;

* the identification and expansion of home-based models of interventions to enhance a family's ability to function independently;

* the continued expansion of a multi-disciplinary, coordinated approach to working with families; and

* the incidence of intergenerational abuse and the need to break it.

* the revision of protective intake policies to add an automatic review of all substantiation decisions. The initial decision will still be made after the original 10 day investigation. However, during the 45 day assessment period additional information can be submitted and a second social worker will review the original decision.

Homeless Families

DSS SERVICES TO HOMELESS FAMILIES RESIDING IN HOTELS/MOTELS

By the beginning of 1985, the Department of Social Services had employed 12 field staff across the state to provide outreach and generic social services to homeless families residing in hotels/motels, a population in high need and, potentially, at high risk.

Over the past three and a half years, our staff have been involved in the provision of a variety of creative service programming. Projects and services have included summer programming at the motels, babysitting, day care, transportation, networking for food and furniture, community organizing (resulting in an increase in community awareness for the issue and the development of shelter programs), housing search assistance, and tenant/landlord negotiating. "I went right to the source of the problem - the landlords. I picked a few, presented my case, took them to motels to meet the families needing housing, and human nature took its course. It took a referee - that's what I call myself - to sort out the problem. I do my research and match people up. Nobody loses in this game," said Annie DeMartino, Housing Specialist, DSS Fitchburg Area Office, as quoted in the Boston Globe on August 14, 1986. As time and caseloads have allowed, our staff have also provided services to other than the "hotel homeless." For example, we have worked with families residing in shelters and with families in imminent danger of eviction or losing their apartments. We have also provided extensive follow-up services to families once they have moved into permanent housing.

Since the Governor and the Executive Office of Human Services began the homeless initiative in 1983, we have seen a marked increase in available resources. Although the Department continues to employ many of the original Homeless Specialists, we have developed a capacity to receive hotel/motel referrals in all of our Area Offices. Each Regional Office has both a Homeless and a Housing Coordinator to work on these issues locally.

During FY'87, the Department developed and issued "Case Practice Policy and Procedures for Services to Homeless Families Residing in Hotels or Motels." This past fiscal year, agency Homeless Specialists have provided services to approximately 2,500 families residing in motels across the state. We have also developed a training session on homeless services which has been included into Pre-Service Training for the Department's new social workers. A resource packet is given to new social workers to provide additional information on homeless services.

The following are outstanding "homeless" issues for the future--to be addressed by DSS, both within our department and in our interagency collaboration with EOCD and other EOHS agencies:

* To develop additional transitional living programs for homeless families particularly homeless adolescent parents and their children.

* To encourage the development of the more permanent, accessible and affordable housing.

* To develop alternative solutions to placing families in hotels or motels.

* To continue to provide emergency services, as needed, while families reside in hotels/motels--that children have access to nutritional meals, assisting families in enrolling children in new school systems, and helping families to access transportation, child care or health care services, if needed.

* To continue to provide training programs for DSS social work staff and outside agency staff on homeless services.

* To integrate the knowledge and resources developed by our homeless specialists into service delivery for all DSS consumers, many of whom have unaddressed housing related problems. (Approximately 25% of homeless families in hotels and motels were open DSS cases when they were placed there.)

* To continue working with the EOHS/EOCD interagency group on programs aimed at the <u>prevention</u> of homelessness.

* To work closely with advocacy groups to help them to understand the importance of early intervention with families who have become homeless. (If DSS is notified at the time of placement, we can intervene quickly to ensure that the family's immediate medical, nutritional, and educational needs are met, that the children are safe, and that the parents are connected to all housing resources in the community--<u>before</u> they become discouraged and depressed.

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